

FILED APR 12 1946 318

Registration District No.

Primary Registration District No.

1002

Registrar's No.

3036

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Harvey Cook III

3. (b) If veteran, name war..... None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 9, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>x</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name William Harvey Cook Jr.
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Williams
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Harvey Cook Jr.
(b) Address 4372 Lindell Boulevard

17. (a) Burial (b) Date thereof April 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) APR 1 1946 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11 Boulevard 19/7
(If outside city or town limits, write "RURAL")
(d) Street No. 4372 Lindell Boulevard. 9/0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, 1946
year 4 hour 45 minute P M.

21. I hereby certify that I attended the deceased from 3/1/46
19....., 19.....
that I last saw him alive on 3/31/46, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
infarction 2
Duration 17 days

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
119

PHYSICIAN
Major findings:
Of operations.....
Of autopsy above
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. P. Costello (M. D. or other).....
Address 4952 Maryland Date signed 4/1/46

9926
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed Merle Shepard
Licensed Embalmer No. 3555
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.