

FILED JUL 16 1946

Registration District No. 2176

Primary Registration District No. 5944

Registrar's No. 21

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town ST JAMES MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FEDERAL SOLDIER HOME
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 4
since
In this community MAY 14-1943
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town State General Hosp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WELHELMINE C. COOK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased (Month) 8 (Day) 14 (Year) 1859

8. AGE: Years 86 Months 10 Days 17 If less than one day hr. _____ min. 0

9. Birthplace MO (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN (City, town, or county) _____ (State or foreign country) _____

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant FEDERAL HOME RECORD

(b) Address ST JAMES MO

17. (a) NEW BETHLEHEM (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation ST LOUIS MO

18. (a) Signature of funeral director W. E. Taylor

(b) Address ST JAMES MO

19. (a) July 14, 1946 (b) Pera E. Birmingham (Registrar's signature) _____

(Date received local registrar) _____

253 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 13 minute P M.

21. I hereby certify that I attended the deceased from May 1943, to July 1 1946 that I last saw her alive on July 14 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion & dog

Due to myocarditis years _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 William H. ... (M. D. or other) _____

Address St James MO Date signed 7/1/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 7 1961

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Orate Lieberich

Licensed Embalmer No. *35436*

P. O. Address. *St. James mi*

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.