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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25136

State, File No. _____

FILED AUG 9 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **6570**

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. Louis City 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Perry** **999**
(c) City or town **DuQuoin** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. **107 East North** **NR 2**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Jesse Enoch Cook**

20. DATE OF DEATH: Month **July** day **25**
year **1946** hour **2** minute **45 P.** M.

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **346-01-8891**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
(that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elsie Cook** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **March 21 1889**
(Month) (Day) (Year)

Due to **Typhoid Fever**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
57 4 4 hr. _____ min.

9. Birthplace **DuQuoin Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Agent Home Oil Co.**

11. Industry or business _____

12. Name **B.O. Cook**

13. Birthplace **Hopkins County Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy J. Phillips**

15. Birthplace **Franklin County Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elsie Cook**

(b) Address **DuQuoin, Ill.**

17. (a) **Removal** (b) Date thereof **7-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DuQuoin, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**
(b) Address **4700 Washington Blvd.**

PHYSICIAN
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? _____

23. Signature **J. P. Bredeek** (Specify type of Pipe) _____ (c) Means of injury _____
Address _____ Date signed **7/26/46**

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

MOTHER FATHER

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.

Signed..... *Henry M. Branner*

Licensed Embalmer No..... *4200*

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.