

FILED DEC 9 1946
Registration District No. 318

Primary Registration District No. 1003

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

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether years, months or days) 45 years

3. (a) PRINT FULL NAME CARRIE E. COOKE

3. (b) If veteran, name war. -----

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry S. Cooke

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

7. Birth date of deceased September 7 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 2 12 hr. min.

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

10. Usual occupation Operated Rooming House

11. Industry or business -----

12. Name Marquis D. Lafayette

13. Birthplace LaGrange, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Virginia Howlett

15. Birthplace LaGrange, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Bates

(b) Address 2807 No 14th Street

17. (a) Burial (b) Date thereof Nov 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Budweiser Funeral Home

(b) Address 1936 St. Louis, Ave.

19. (a) NOV 22 1946 (Date received local registrar)
J. F. Bressok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3642 Blaine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 19
year 1946 hour ----- minute 5 sec AM

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 -----
Myocardial Infarction

Due to -----

Due to -----

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

Major findings: -----

Of operations -----

Of autopsy -----

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? -----

(Specify type of place) -----
While at work ----- (Place of injury)

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 11/24/46

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..... *Neal K. Paulson*

Licensed Embalmer No. *4114*

P. O. Address..... *1936 St. Louis Ave*

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.