S. No. 2
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P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2357

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 918

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Wayne
(c) City or town Rinard
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

999
NR 11
0
2

3. (a) PRINT FULL NAME Walter Van Cook

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 Married

6. (b) Name of husband or wife Florence Cook

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 8 (Day) 1890 (Year)

8. AGE: Years 56 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Fletcher Cook

13. Birthplace Rinard (City, town, or county) Illinois (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Florence Cook
(b) Address Rinard, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rinard, Illinois

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

19. (a) JAN 27 1947 (Date received local registrar) (b) J. F. Medlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1947 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan. 14, 1947, 19..., to Jan. 25, 1947, 19...; that I last saw him alive on January 25, 19 47; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Arteriolarnephrosclerosis	
Due to	
Other conditions Anemia due to hemoglobinuria (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature F R Bradley (M. D. or other)
Address Barnes Hospital, Date signed 1/28/47

(Licensed Embalmer's Statement on Reverse Side)

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. Brammer

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.