

3. No. 2
-12.45
5-17-39
I. X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6133
State File No. 2357
Registrar's No.

FILED MAR 14 1947
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 6 Weeks
In this community Life

3. (a) PRINT FULL NAME Joseph C Cook
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Unknown

8. AGE: Years Months Days If less than one day
abt - 64

9. Birthplace St. Louis

10. Usual occupation Retired Conductor

11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Oliver Grenzebach

(b) Address 9745 Antonia Drive

17. (a) Cremation (b) Date thereof 3/8/47

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J.L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 7 1947 (b) J. F. Predeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ooo
(c) City or town St. Louis 15-17
(d) Street No. 5034 Newport 9
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 5 day
year 1947 hour 5 minute 45 AM
21. I hereby certify that I attended the deceased from

that I last saw him alive on

Immediate cause of death: While hospitalized as a result of fracture of left leg when he fell over a box in the yard about 9:00 o'clock on Jan. 11, 1947

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) Accident

(b) Date of occurrence Jan 11 1947

(c) Where did injury occur? 2700 Wood

(d) Did injury occur in or about home, on farm, in industrial place, or public place? No

While at work? No

23. Signature of Registrar J. F. Predeck (M. D. or other) No

Address Deputy Registrar Date signed 3/7/47

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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 Francis J. Down

Licensed Embalmer No. 2245

P. O. Address. St Louis Mo

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.