

FILED MAR 24 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **2563**

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5034 Newport Memorial
(If rural, give location)

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

3. (a) PRINT FULL NAME AMELIA COOK

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph C. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1947 hour 11:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2/17/47
_____, 19____, to 3/9/47, 19____;
that I last saw h. er alive on 3/9/47, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years abt - 72 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Multiples Myeloma Duration ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Oliver Grenzebach
(b) Address 9745 Antonio

17. (a) Cremation (b) Date thereof 3/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

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? _____

18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) MAR 11 1947 (Date received local registrar) J. F. Bredeek (Registrar's signature)

23. Signature George J. Parks M.D. (Specify type of place) _____
Address 1515 Lafayette Date signed 3/10/47

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

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.