

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10685**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2108**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **2 months**
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **James Cook**

3. (b) If veteran, name war..... **NO**

3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **Negro**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Elnora Cook**

6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **Unknown** **1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months Days If less than one day
 About **50** hr. min.

9. Birthplace..... **Unknown** **Miss. /**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **laborer**

11. Industry or business.....

12. Name..... **Unknown**

13. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Elnora Cooks**

(b) Address..... **1817 N. Taylor, Ave**

17. (a) (Burial, cremation, or removal)..... **Burial**

(b) Date thereof..... **3/31/1947**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park**

18. (a) Signature of funeral director..... **A. H. Burke**

(b) Address..... **212 Carroll St.**

19. (a) **MAR 31 1947** (Date received local registrar)

(b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No..... **1817 N Taylor**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **25**
 year **1947** hour **12** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **1-23**, 19 **47**, to **3-25**, 19 **47**;
 that I last saw him **alive** on **Mar. 25**, 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Bronchopneumonia** **Undet.**
Duration

Due to.....

Due to..... **107**

Other conditions..... **None**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy..... **Yes**

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)

23. Signature..... **J. Cerwin** (M. D. or other) **0**

Address..... **2601 N Whittier** Date signed..... **3/27/47**

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.....

Frederic J. Yandell

Licensed Embalmer No. 4243

P. O. Address.....

*937 1/2 E. Main St.
Milledgeville, Ga.*

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.