V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40493

FILED NOV 25 1947

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2397

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 117 Days (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3148 Pine Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME COOK, Jeff
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 497 10 5362
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Sept. (Month) 12 (Day) 1894 (Year)

8. AGE: Years 53 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Hollywood, Arkansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business
FATHER
12. Name Silas Cook 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Hollywood, Ark. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address V.A.Hosp. Jefferson Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Atkins Bros.
(b) Address 3644 Finney, St. Louis, Mo.
19. (a) 11-21-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1947 hour 12:40 minute A. M.
21. I hereby certify that I attended the deceased from July 26 1947, 19, to Nov. 19, 1947;
that I last saw him alive on November 19, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LUETIC AORTITIS	
Due to 3 od	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No Autopsy performed	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? L. E. Stilwell Means of injury 0
23. Signature L. E. Stilwell (M. D. XXXX)
Address V.A.H. Jeff. Brks. Mo. Date signed 11/19/47

Jefferson City Printing Co. (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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney 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.