

No. 2
-1/47
-17-39

FILED JAN 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **624**

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 **37 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **OWN**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4608 Washington Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

3. (b) If veteran, name war.....
3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **Colored**
6. (a) Single, widowed, married **MARRIED**
6. (b) Name of husband or wife **HATTIE COOK**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **SEPT 4 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **15**
If less than one day hr. min.

9. Birthplace **OKALONA** (City, town, or county) **MISS.** (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business.....
12. Name **Duke Cook**
13. Birthplace **OKALONA** (City, town, or county) **MISS.** (State or foreign country)
14. Maiden name **JULIA WORTHAM**
15. Birthplace **OKALONA** (City, town, or county) **MISS.** (State or foreign country)

16. (a) Informant **MRS HATTIE COOK**
(b) Address **4608 WASHINGTON BLVD.**
17. (a) **Removal** (b) Date thereof **1-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **JONES BORO, ARK.**

18. (a) Signature of funeral director **A. J. Walton**
(b) Address **2707 STODARD ST.**
19. (a) **JAN 21 1948** (b) **J. F. Brummett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **19**
year **1948** hour **8** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 23** 19 **47** to **Jan. 19** 19 **48**
that I last saw him alive on **Jan. 19** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Stomach; P. O. Gastric Resection**
Duration **Undet.**

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....
Of autopsy **No**

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).....
(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 **Osborn Daniels** (M. D. or other) **1/19/48**
Address **2607 No. Wheeler** Date signed **1/19/48**

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Boyard 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.