FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7365

Registration District No. 312 — Primary Registration District No. 6067 — Registrar's No. 614

96

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Vol Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 118 days (Specify whether in this community years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 0-0-0
(c) City or town: St Thom 17 (If outside city or town limits, write "RURAL")
(d) Street No. 600 (?) Rutger 9 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME: Thomas M. Cook
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M O
5. Color or race: W
6. (a) Single, widowed, married, divorced: wid. 2
6. (b) Name of husband or wife: Elizabeth Brown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 12 (Month) 1 (Day) 1873 (Year)

8. AGE: Years 73 Months 4 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace: Jefferson Co (City, town, or county) Mo O (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: George Cook
13. Birthplace: Jefferson Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name: Eliza Brown (?)
15. Birthplace: DeSoto Mo. O (City, town, or county) (State or foreign country)
16. (a) Informant: Pearl Cook
(b) Address: 3861a Ashland Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cem
18. (a) Signature of funeral director: A W McLaughlin
(b) Address: 2301 LaFayette Ave
19. (a) 3-5-48 (Date received local registrar) (b) Bertha J Sharp MD (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 3 minute 50 P M.
21. I hereby certify that I attended the deceased from 11-4-47, 1947, to 3-3, 1948, that I last saw him alive on 3-3-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Pulmonary Tuberculosis	?
	1 years
Due to	
Due to 13 b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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? (e) Means of injury O
23. Signature: John T. Valesh M.D. (M. D. or other)
Address: Robt Koch Hospital Date signed 3/4-48

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

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 C. W. Cooper

Licensed Embalmer No. 3832

P. O. Address 2301 Lafayette

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.