S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17485

FILED JUN 12 1948

State File No. 1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 5055

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 Barnes Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town East Alton 11
(If outside city or town limits, write "RURAL")

(d) Street No. 153 Goulding Ave. 0
N. R. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Polly Elizabeth Cook

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Frederick Cook

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

7. Birth date of deceased June (Month) 10 (Day) 1890 (Year)

8. AGE: Years 57 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Patton (City, town, or county) Missouri ( ) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Jacob Faddler
13. Birthplace Patton (City, town, or county) Missouri O (State or foreign country)

MOTHER
14. Maiden name Amy Hart
15. Birthplace Patton (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Rosie Cook
(b) Address 153 Goulding Ave. East Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 8 minute 25 P. M. CST.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of skull an d brain, inflicted with gun in the hands of one William Frederick Cook, in the home, 153 Goulding Av., E. Alton, Ill. around 3:50 P.M., May 28, 1948.

Duration

HOMICIDE.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

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) HOMICIDE

(b) Date of occurrence May 28, 1948

(c) Where did injury occur? E. Alton, Ills. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature [signature] (M. D. or other)

Address Date signed 6/2/48

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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.