

0. 2
4. 41
7-39
X26390

FILED JUN 21 1948

318

1003

State File No.

Registrar's No. 5128

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Seven Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin 999
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 533 Smith St.
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 28
1948 to June 30 1948
that I last saw him alive on June 3 1948
and that death occurred on the day and hour stated above.

Immediate cause of death _____
Widespread metastatic
carcinomatosis
Due to Carcinoma, left kidney-Primary

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SHERMAN MARSHALL COOK

3. (b) If veteran, name war No 3. (c) Social Security No. 356-01-9210

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertie Cook 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 7 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Galatia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner & Photographer

11. Industry or business _____

12. Name John Cook

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mandina Cardwell

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertie Cook

(b) Address Benton, Ill.

17. (a) Removal (b) Date thereof 6-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) June 3 1948 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

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 JR Bradley (M. D. or other) _____

Address Barnes Hospital Date signed 6/3/48

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificaté was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. W. Wilkinson*
Licensed Embalmer No. *3575*
P. O. Address *St Louis Mo*

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.