

FILED AUG 12 1948

State File No. 6914

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Infirmary 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital, or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Infant Cook

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male <sup>1/2</sup> Color or race Col.

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

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

7. Birth date of deceased Aug. 2 1948  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	1	_____ hr. _____ min.

9. Birthplace East St. Louis Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name E. Z. Cook

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

14. Maiden name Nancy Herman

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

16. (a) Informant E. Z. Cook

(b) Address 128 North 2nd St.

17. (a) Removal (b) Date thereof 8 5 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Ill.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede

19. (a) AUG 6 1948 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair 99'

(c) City or town East St. Louis 1'  
(If outside city or town limits, write "RURAL")

(d) Street No. 128 North 2nd St. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd  
year 1948 hour 5:20 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1948,  
that I last saw h.o.m. alive on Aug 4, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pre maturity

Due to Pre maturity

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to 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)

(c) Means of injury \_\_\_\_\_

23. Signature J. F. Bredsch (M. D. or other) Mo.

Address 930 N. Lind St Date signed E. 208

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**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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**