

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27603

State File No.

7462

FILED SEP 7 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. BAPTIST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)
In this community 34 YRS

3. (a) PRINT FULL NAME JAMES FELIX COOK

3. (b) If veteran, name was SPANISH AMERICAN 3. (c) Social Security No. 494-10-2013

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MELIDA COOK 6. (c) Age of husband or wife if alive 9-22-1874
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 3 - hr. - min.

9. Birthplace FAYETTE CO. OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business ISAAC T. COOK CO.

12. Name JAMES F. COOK
13. Birthplace FAYETTE CO. OHIO
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE MEYER
15. Birthplace FAYETTE CO. OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. D. Cook
(b) Address 44 Mason Ave. Webster Groves

17. (a) BURIAL (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO.

19. (a) AUG 26 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town 31 WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 315 SELMA 96
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 41 to August 1948
that I last saw him alive on August 15 and that death occurred on the date and hour stated above.

Immediate cause of death intracranial rupture of heart Duration
Due to infarct of
Due to coronary occlusions

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy as above

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)
23. Signature N. Elchard (M.D. position)
Address 968 Arcade Bldg Date signed 8/26/48

SEP 14 1948

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 _____

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Whisper Groves 7

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.