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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34024
Registrar's No. 9616

Registration District No. 318
Primary Registration District 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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Cook

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male 5. Color or race col.

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

6. (b) Name of husband or wife UN KNOWN

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

7. Birth date of deceased Sept. 2 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 2

If less than one day hr. _____ min.

9. Birthplace Menard Point Mo. h
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business None

12. Name Ben Cook

13. Birthplace Menard Point Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scott

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

16. (a) Informant Louisa Cook

(b) Address 5th ave Kinloch Mo

17. (a) Burial (b) Date thereof 11 6 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pt. Cem.

18. (a) Signature of funeral director Boyd Bros.

(b) Address 370 N. Fibery St. St. Louis

19. (a) NOV 4 1948 (b) J. B. Haseler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. 2657 Monroe
(If rural, give location)

Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1948 hour 6 minute 20 p.m.

21. I hereby certify that I attended the deceased from Oct. 22, 1948 to Nov. 1, 1948
that I last saw him alive on Nov. 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis and Tuberculous Spondylitis Duration Undet.

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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)

Means of injury 0

23. Signature Oscar L Daniel (M. D. or other) _____

Address 2601 N Whittier Date signed 11/4/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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.....

Gilbert Tate

....., Registered Apprentice No. *107*

working under my personal supervision.

Signed.....

Edward A. Flynn

Licensed Embalmer No. *14444*

P. O. Address.....

4548th Pough

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Lucas 7664