

FILED NOV 9 1948

State File No. _____

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2-23

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town Alleaville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Lewis Cook Jr
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 25
 year 1948 hour 3 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Aug 19,
 1948, to Oct 25, 1948
 that I last saw him alive on Oct 25, 1948
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Aug 13 1947
 (Month) (Day) (Year)

Immediate cause of death _____
Respiratory failure
 Due to Congenital Hydrocephalus,
internal
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
2 12 _____ hr. _____ min.

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: Internal hydrocephalus
 Of operations _____
 Of autopsy _____

9. Birthplace Alabama
 (City, town, or county) (State or foreign country)
 10. Usual occupation Nil

11. Industry or business _____
 12. Name Harry L Cook Sr.
 13. Birthplace Arbor Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Eunice Lewis
 15. Birthplace Walnut Ridge Arkansas
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Harry L Cook
 (b) Address Alleaville Mo
 17. (a) Burial (b) Date thereof 10-27-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Alleaville Mo
Rowland Mortuary Service

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Raymond J. Calhoun (M. D. or other)
 Address H. Naty Hosp. - St. Louis Date signed Oct 26, 1948

18. (a) Signature of funeral director _____
 (b) Address 1104 Manchester Ave
 19. (a) 10-29-48 (b) Carl A. Sharp
 (Date received local registrar) (Registrar's signature)

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

2
-45
7-39
47070

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 J. Allen Davis Jr
Licensed Embalmer No. 5043
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.