

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38603**
10306

FILED DEC 6 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzton, St. Louis, Mo.	
c. LENGTH OF STAY (In this place) 4 days.		d. STREET ADDRESS (If rural, give location) 6162a Etzel Avenue.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home; 7			

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) MAYBELL	c. (Last) COOK.	4. DATE OF DEATH (Month) (Day) (Year) Nov 29, 1949.
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH October 18, 1888.	9. AGE (In years last birthday) 61.	IF UNDER 1 YEAR (Months) 1.	IF UNDER 12 HRS. (Hours) 11.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas David Snyder.	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Stephens.	14. NAME OF HUSBAND OR WIFE William S. Cook.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. 497-16-7154	17. INFORMANT'S SIGNATURE OR NAME Dave Cook, 6162a Etzel Avenue.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH probably several months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Torula infection		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Torula		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Nov. 19, 1949. Brubriculography.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 370
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1341
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22. I hereby certify that I attended the deceased from **Oct. 15, 1949**, to **Nov 29, 1949**, that I last saw the deceased alive on **Aug 28, 1949**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Clayton B. Alfred (Degree or title)	23b. ADDRESS University Club Bldg	23c. DATE SIGNED Nov. 30, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 12/1/49.	24c. NAME OF CEMETERY OR CREMATORY Bethania Cemetery..	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo..
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DATE REC'D BY LOCAL REG. NOV 30 1949	REGISTRAR'S SIGNATURE J B Foster	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Leland B. Alford,
University Club Bld'g.
NE: 3957.

11 + 1

W. R.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

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.