S. No. 300
v. 10.48

477

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

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10295

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2492

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1326a N. Newstead ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1326a N. Newstead ave

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) c. (Last) Cook

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 50

5. SEX M **6. COLOR OR RACE** Col **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** 9-5-1889 **9. AGE** (In years last birthday) 60 IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Columbus Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Cook
13b. MOTHER'S MAIDEN NAME Alice Hicks
14. NAME OF HUSBAND OR WIFE Rosie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Rosie Cook **ADDRESS** 1326a N. Newstead ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following stab wound of arch of Aorta suffered

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) been stabbed with butchers knife

DUE TO (c) in hands of one Rosie Lillie Cook (wife) by discord in home

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 1326 No Newstead Ave, about 1130 pm March 9 1950

INTERVAL BETWEEN ONSET AND DEATH: slab

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE Justifiable Homicide
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) Mar (Day) 9 (Year) 50 (Hour) 1130 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E 98 X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1145P m., from the causes and on the date stated above.*

23a. SIGNATURE Med Merry Dr R Corm (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 3/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 3-18-50
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis County (State) Mo

DATE REC'D BY LOCAL REG. MAR 15 1950
REGISTRAR'S SIGNATURE J. B. Harsaker
25. FUNERAL DIRECTOR'S SIGNATURE Gustowe **ADDRESS** 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.