

No. 300
10-48

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34691

State File No.

318

1002

8883

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS - MISSOURI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3718 Rutger St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ruth</u>		b. (Middle) _____		c. (Last) <u>Cook</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>18</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 10, 1915</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forset City Mfg</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Augusta Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		13a. FATHER'S NAME <u>Frank Seviere</u>		13b. MOTHER'S MAIDEN NAME <u>Lissie Willingham</u>		14. NAME OF HUSBAND OR WIFE <u>George Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>431 42 1794</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Cook</u>		ADDRESS <u>3718 Rutger St</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis - Post Oper.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Partial Mechanical Obstruction</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lower Nephron Nephrosis, Acute</u>							
19a. DATE OF OPERATION <u>10-13-50</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? <u>570.5</u>			
22. I hereby certify that I attended the deceased from <u>10-6</u> , 19 <u>50</u> , to <u>10-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>50</u> , and that death occurred at <u>2:40p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. L. Seviere</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>10-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>?</u>		24b. DATE <u>10/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Augusta Arkansas</u>		24d. LOCATION (City, town, or county) (State) <u>New Augusta Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>OCT 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u> ADDRESS <u>4247/w Labadie Ave</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—DO NOT WRITE IN MARGINS

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 *Lawrence S. Woodson*

Signed.....
Student Embalmer

Licensed Embalmer No. *4341*

P. O. Address *St. Louis 13, 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.