

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18935

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2300

1. PLACE OF DEATH
a. COUNTY St. Louis

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 Webster Groves c. LENGTH OF STAY (in this place) 6 Months

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4627

d. FULL NAME OF HOSPITAL OR INSTITUTION 790 W. Kirkham Ave d. STREET ADDRESS (If rural, give location) 790 W. Kirkham Ave

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

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

8. DATE OF BIRTH July 2, 1874 **9. AGE** (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired **10b. KIND OF BUSINESS OR INDUSTRY** Farmer

11. BIRTHPLACE (State or foreign country) Warsaw R. R. Indiana **12. CITIZEN OF WHAT COUNTRY?** U.S. A

13a. FATHER'S NAME W. Cook **13b. MOTHER'S MAIDEN NAME** Minerva Kirk **14. NAME OF HUSBAND OR WIFE** Lola L. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** (If yes, give war or dates of service) None **17. INFORMANT'S SIGNATURE OR NAME** Kenneth Cook **ADDRESS** 790 W. Kirkham Ave. W.G.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Fast Auricular Fibrillation DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 wks
3 wks
Yrs.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 450.0 **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from May 28, 1951, to May 30, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] **23b. ADDRESS** 671 E. Bay Bend - Webster Groves, Mo. **23c. DATE SIGNED** 5/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal via Rail 5-30-51 **24b. DATE** _____ **24c. NAME OF CEMETERY OR CREMATORY** Oakwood Cemetery **24d. LOCATION** (City, town, or county) (State) Warsaw, Indiana

DATE REC'D BY LOCAL REG. 5-30-51 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** MITTELBERG FUNERAL HOME, INC 73 W. LACKWOOD AVE

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

4007

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 John Binkley
Licensed Embalmer No. 3653

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.