

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33781**FILED SEP 25 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2343**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <del>St. Louis</del>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2014a Geyer</b> <b>1</b>	
3. NAME OF DECEASED a. (First) <b>Emerson</b> b. (Middle) <b>Larrence</b> c. (Last) <b>Cooke</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 8 1952</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>9-30-1903</b>
9. AGE (In years last birthday) <b>48y</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machine operator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Carburetor</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Cooke</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Smith</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-20-4773</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. Alma Stephens Murray, Koch, Mo.</b>
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) <b>Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>?</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4201A</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>chronic pulmonary tuberculosis renal tuberculosis</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>/</b>		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) <b>/</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-29</b> , 19 <b>52</b> , to <b>9-8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Sept. 8</b> , 19 <b>52</b> , and that death occurred at <b>2:12 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Bernard Friedman, M.D.</b>		23b. ADDRESS <b>Robert Koch Hospital</b>	
23c. DATE SIGNED <b>9-8-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>9-11-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
DATE REC'D BY LOCAL REG. <b>9-9-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W.A. Stock</b>		ADDRESS <b>2117 E. GRAND AVE</b>	

S2W (Licensed Embalmer's Statement on Reverse Side)

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

SEP 25 1952

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 \_\_\_\_\_

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

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.