

STANDARD CERTIFICATE OF DEATH

State File No. 2970
0458

FILED JAN 28 1953

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

1. PLACE OF DEATH a. CITY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location)	
St. Louis		Mo. St. Louis 2269	
Stone Nursing Home Pine		26 910a Madison Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) b. (Middle) c. (Last)		(Month) (Day) (Year)	
WALTER JOSEPH COOK		Jan. 13 1953	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	March 25, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Packing House Worker-St. L. Ind. Pkg. Co.		Duquoin, Ill.	70
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME	11. BIRTHPLACE (City and State or Foreign Country)
George Cook		Josephine Unknown	Duquoin, Ill.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
George Cook		Josephine Unknown	Bessie P. Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
No			Tom Cook 3874 Arsenal St.
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) Cardiac insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary emphysema 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	
None		None	
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.)	
None		None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
None			
21f. HOW DID INJURY OCCUR?		5271	
22. I hereby certify that I attended the deceased from July 18, 1949, to Jan 12, 1953, that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE		23b. ADDRESS	
Herbert C. Wiegand, M.D.		3720 Washington Blvd. St. Louis 15, Mo.	
23c. DATE SIGNED			
Jan 15 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
Removal		Jan. 16, 1953	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Memorial Park Cem.		St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
JAN 15 1953		Kriegshauser 4228 S. Kingshighway Bl	

50. (Licensed Embalmer's Statement on Reverse Side)

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

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

Richard W. Storsund

Licensed Embalmer No. 4007

P. O. Address _____

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.