

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7446**
Registrar's No. **1913**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 14 5564 Lansdowne Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) S.	
c. (Last) COOK		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 18, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH June 7, 1888
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-International Shoe Co.	11. BIRTHPLACE (City and State or Foreign Country) Louisiana
12. CITIZEN OF WHAT COUNTRY?		13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Dustin B. Bush		13b. MOTHER'S MAIDEN NAME Emma L. Walker	
14. NAME OF HUSBAND OR WIFE Late William B. Cook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John S. Bush	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. SOCIAL SECURITY NO.	
19. DATE OF OPERATION		19. DATE OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
22. I hereby certify that I attended the deceased from 1-15-53 , 19___, to 2-18-53 , 19___, that I last saw the deceased alive on 2-18-53 , 19___, and that death occurred at 7:00A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. H. Anguire, M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 2-18-53		23d. LOCATION (City, town, or county) (State) Joplin, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Body)		24b. DATE 2-19-1953	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1953 Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
ADDRESS 4228 S. Kingshighway Bl		ADDRESS 4228 S. Kingshighway Bl	

WRITE PLAINLY—USING UNFADEING 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

Edward M. Gernott

Licensed Embalmer No.

3024

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.