

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22781
5570

State File No.

FILED JUN 20 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2129</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> /		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4525 McPherson Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>12 4525 McPherson Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Cooke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1953</u>	
5. SEX <u>F.</u> /		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>		8. DATE OF BIRTH <u>Feb. 14, 1893</u>	
9. AGE (In years less birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles K. Cooke</u>			13b. MOTHER'S MAIDEN NAME <u>Celeste von Phul</u>			14. NAME OF HUSBAND OR WIFE _____	
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>Not known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Elizabeth N. Cooke, 4525 McPherson Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardis</u> <u>Vascular Disease</u> DUE TO (c) <u>Bronchial Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 mon</u> <u>1 day</u> <u>15 mon</u> <u>15 mon</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <u>241X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>No</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3-3-</u> , 19 <u>52</u> , to <u>6-3-</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-3-</u> , 19 <u>53</u> and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. P. Quendorik, M.D.</u>				23b. ADDRESS <u>4390 West Pine</u>		23c. DATE SIGNED <u>6-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 4 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>840 Lindell Blvd.</u>	

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 469.....

P. O. Address [Signature].....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.