

STANDARD CERTIFICATE OF DEATH

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. CITY OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>6 Months</b>		c. CITY OR TOWN <b>St. Ann's</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>Albert L. Cooke</b>		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 4, 1955</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 2, 1879</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heating Contractor</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jonesboro, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>C. W. Cooke</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Alice May Cooke Nee Sippel</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jennie May Gilcrest</b>		ADDRESS <b>10419 St. Roberts Lane</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Branchopneumonia, acute &amp; chronic</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchopneumonia, acute &amp; chronic</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <b>acute pyelonephritis, bilateral</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Passive congestion of liver</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?		22. I hereby certify that I attended the deceased from <b>Dec. 27, 1954</b> , to <b>Jan 4, 1955</b> , that I last saw the deceased alive on <b>Jan 4, 1955</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>Albert W. Lohr</b>		(Degree or title) <b>m.D.</b>		23b. ADDRESS <b>6015. Bentwood Blvd.</b>		23c. DATE SIGNED <b>1-7-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-7-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		DATE REC'D BY LOCAL REG. <b>1/5/55</b>		REGISTRAR'S SIGNATURE <b>Hebecl R. Romberg</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Cal. Feutz</b>		ADDRESS <b>Funeral Home, 4828 Nat'l Bridge Blvd</b>		(Licensed Embalmer)		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.....  
Signature of Student Embalmer

Signed..... *Ralph C. Linder*

Licensed Embalmer No... 427

P. O. Address... *St. Louis*

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.