

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10539**

No. 300
10.48
FILED APR 4 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 629	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. Institution; residence before a. STATE Mo b. COUNTY St. Louis)			
c. CITY (If outside corporate limits, state RURAL and OR (If in corporate limits, state CITY or TOWN) Richmond Heights		c. LENGTH OF STAY (If in place) 13 yrs		c. CITY OR TOWN Richmond Heights		d. Is residence within limits of incorporated town? <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7315 Hoover				STREET ADDRESS (If rural, give location) 7315 Hoover			
3. NAME OF DECEASED (Type or Print) (First) Minerva B.		(Middle) Cook		(Last) Cook		4. DATE OF DEATH (Month) (Day) (Year) Mar. 15 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Widowed		8. DATE OF BIRTH Jan. 1-1877	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 2 14		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) At Home Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Frank Burnham		13b. MOTHER'S MAIDEN NAME Cornstock	
13c. NAME OF HUSBAND OR WIFE Fred S. Cook		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Burnham ADDRESS 1512 Hale	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHRITIS *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ADVANCED RHEUMATOID				INTERVAL BETWEEN ONSET AND DEATH 10 YRS			
				35 YRS			
				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ARTHRITIS		5446X			
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)		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 4-31-42 , to 3-15-55 , 19____; that I last saw the deceased alive on 3-14 , 1955, and that death occurred at _____ a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. A. Barnick D.O.				23b. ADDRESS 6651 ENRIGHT AVE		23c. DATE SIGNED 3-15-55	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) 3-17-55		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 3/16/55		REGISTRAR'S SIGNATURE Hebeed R. ...		GENERAL DIRECTOR'S SIGNATURE ...		ADDRESS 1225 Union	

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 *Melvin J Kemp*

Licensed Embalmer No. *409*

P. O. Address *3505-01
St. Louis 20, Mo*

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.