

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34662**  
Registrar's No. **8652**

FILED OCT 24 1955

BIRTH NO. **80235-55** 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 <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give county) OR TOWN <b>St. Louis, MO</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>D.O.A. Childrens Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>18 3615 Paris - 2106</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anthony</b> b. (Middle) <b>Lamarck</b> c. (Last) <b>Cook</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-3-55</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>		8. DATE OF BIRTH <b>9-24-55</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Leland Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Higgins</b>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>P. Livingston</b> ADDRESS <b>500 S. Kingshighway</b>	

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) <b>Sudden Aspiration</b> DUE TO (b) <b>congenital heart disease?</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>O.K. Joseph M. Zussman County 10/5/55</b>				INTERNAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>754.4</b>	

22. I hereby certify that I attended the deceased from **No Time**, 19\_\_\_, to \_\_\_\_, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_\_, and that death occurred at **7A:** \_\_\_\_, m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lucia J. Vietti MD</b> (Degree or title)		23b. ADDRESS <b>Childrens Hospital</b>		23c. DATE SIGNED <b>10-3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4 Oct 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
				24d. LOCATION (City, town, or county) (State) <b>Wellston, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>OCT 4 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Bros. Funeral Home</b> ADDRESS <b>3706 Winney</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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 *Edward P. Flynn*.....

Licensed Embalmer No. *44. H. P. H.*

P. O. Address *H. L. L.*.....

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.