No. 200
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35528

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2336

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch
c. LENGTH OF STAY (In this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 215 So 23rd 22

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle):
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): 10 - 9 - 1955

5. SEX: M
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 8 - 6 - 02
9. AGE (In years last birthday): 53 yrs
If under 1 year: Months / Days
If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk
10b. KIND OF BUSINESS OR INDUSTRY: unk
11. BIRTHPLACE (City and State or Foreign Country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Cook
13b. MOTHER'S MAIDEN NAME: Carrie Hartford
14. NAME OF HUSBAND OR WIFE: Willie Mae Padden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): nil
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: MARY L. Harris
ADDRESS: 215 So 23rd

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): Chronic Pulm Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 mo ±

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23-, 1955, *to* 10-9-, 1955, *that I last saw the deceased alive on* 10-9-, 1955, *and that death occurred at* 3:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Cohen
(Degree or title): MD
23b. ADDRESS: Robert Koch Hosp Koch Mo
23c. DATE SIGNED: 10/10/55

24a. BURIAL, CREMATION, REMOVAL [redacted]
24b. DATE: 10-11-55
24c. NAME OF CEMETERY OR CREMATORY: Green Wood
24d. LOCATION (City, town, or county): St Louis Co
(State): Mo

DATE REC'D BY LOCAL REG.: 10-10-55
REGISTRAR'S SIGNATURE: Herbert R. Konkel
FUNERAL DIRECTOR'S SIGNATURE: J. McClendon
ADDRESS: 4535 Washington

(Licensed Embalmer's 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Hellia

Licensed Embalmer No. 4 2

P. O. Address 4107 F

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.