

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25538

State File No. _____

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1598

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Florissant</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY OR TOWN <u>Owensville</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11-Elwood Court</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route #3</u> <u>03707</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Cyrus</u> c. (Last) <u>Cook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1897</u>
9. AGE (In years) (If under 1 year last birthday) <u>58^r</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repairman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Penna. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Cook</u>	
13b. MOTHER'S MAIDEN NAME <u>Amelia Masters</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>716-01-9542</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Cook</u>		ADDRESS <u>H-ELWOOD CT.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Monocytic leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs, 4 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2042</u>	
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 <u>Sept. 16, 1954</u> , to <u>death</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 26, 1956</u> , and that death occurred at <u>8:45 A.M.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Edward H. Reinhard M.D.</u> (Degree or title)		23b. ADDRESS <u>4960 Audubon Ave. St. Louis (10) Mo.</u>	
23c. DATE SIGNED <u>July 3, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Dombey</u>	
DATE REC'D BY LOCAL REG. <u>7-1-56</u>		ADDRESS <u>2504-Woodson Rd-Overland, Mo.</u>	

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 *David C. Gibson*.....

Licensed Embalmer No. *3457*.....

P. O. Address *Overland*.....

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.