THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42867 STATE FILE NUMBER

FILED DEC 20 1956 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10897

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bethesda Hosp. — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Affton 4810 1 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5020 Frankfort — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ervin Middle H Last Cook

4. DATE OF DEATH Month Nov Day 28 Year 1956

5. SEX male C

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct 17, 1900

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman

10b. KIND OF BUSINESS OR INDUSTRY Kroger Gro Co

11. BIRTHPLACE (City and state or country) St. Louis, Mo. O

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cook

14. MOTHER'S MAIDEN NAME Anna Koelling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-03-2237

17. INFORMANT Edna M Lenz Address 5020 Frankfort

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from P, to and last saw her/him alive on
Death occurred at 1015 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Quinn Deputy Coroner 3

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 12/1/1956

23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem

23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG. NOV 29 1956

26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

...ealth, ...Welfare ...ublic ...ervice

...300 ...-56 3

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 38

P. O. Address 7027 Gr

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