

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034113
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

9406

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CRYSTAL CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 ST. JOHN'S HOSP.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 29 510 MISSISSIPPI
3. NAME OF DECEASED (Type or print) First Middle Last STERLING COOK			4. DATE OF DEATH Month Day Year SEPT. 29, 1958
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 17, 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE FOREMAN		9b. KIND OF BUSINESS OR INDUSTRY P. P. G. CO.	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 60 Months Days Hours Min.
10a. WAREHOUSE FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY P. P. G. CO.	11. BIRTHPLACE (City and state or country) GREENTOWN, INDIANA
13a. FATHER'S NAME THOMAS EMERY COOK		13b. MOTHER'S MAIDEN NAME MARGARET LOOP	12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. NAME OF HUSBAND OR WIFE ETHEL		17. INFORMANT Address MRS. S. COOK CRYSTAL CITY, MO.	
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 Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant Lymphoma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 Weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>200.2</i>			
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Sept 1 1958</i>	20f. CITY, TOWN, OR LOCATION <i>9-29-58</i>	COUNTY STATE.
21. I attended the deceased from Death occurred at <i>9:15 A.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Smith M.D.</i> (Degree or title)		22b. ADDRESS <i>18 N King by King</i>	22c. DATE SIGNED <i>10-1-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>10-2-58</i>	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO
24. FUNERAL DIRECTOR GENTRY R. POLITTE	ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. OCT 1 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> <i>m8B</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS JUN 24 1959

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 *Gautier R. Paley*

Licensed Embalmer No. *3481*

P. O. Address *Crystal*

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.