

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019056

STATE FILE NUMBER

2 1688

FILED MAY 26 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57

Z

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Illinois b. COUNTY Alexander	
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 Cairo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louis Childrens		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 3214 Sycamore
3. NAME OF DECEASED (Type or print) First Middle Last Robin Marie Cook			4. DATE OF DEATH Month Day Year 5 7 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-17-55
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3 2
11. BIRTHPLACE (City and state or country) 4 San Jose, Costa Rica		12. CITIZEN OF WHAT COUNTRY? 8 U.S.A.	
13a. FATHER'S NAME Kenneth Severin Cook		13b. MOTHER'S MAIDEN NAME Charlotte Christensen	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No known) <input checked="" type="checkbox"/> (If yes, give year or date of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Luan Lehr, 500 S. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic diathesis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute monocytic leukemia DUE TO (c) 204-2C PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Varicella			INTERVAL BETWEEN ONSET AND DEATH 6 weeks 6 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at 5-5-59 12:35 p. to 5-7-59 and last saw her alive on 5-7-59		22. SIGNATURE Richard Spiro (Type or print)	
22a. ADDRESS 500 S. Kingshighway		22c. DATE SIGNED 5-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-30-59	
23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Roland Akai 4104 Manchester		25. DATE RECD. BY LOCAL REG. MAY 14 59	
26. REGISTRAR'S SIGNATURE Roland Smith, M.D.		mrb	

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

Licensed Embalmer No.....

P. O. Address

**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.**