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| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST LOUIS</u>                        |  | Length of stay in 1b   | c. CITY OR TOWN <u>ST. LOUIS</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>D.O.A. HOMER PHILLIPS</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>823 A N. 18th ST</u> |

|   |                                  |   |  |                                     |   |
|---|----------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>A</u> Last <u>COOK</u>                   |                                  |   | 4. DATE OF DEATH<br>Month <u>9</u> Day <u>15</u> Year <u>60</u>    |                                     |   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>NEGRO</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-3-12</u>                                 | 9. AGE (last birthday)<br><u>47</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>LABOR</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City, and state or country)<br><u>ST LOUIS MO.</u> | 12. CITIZEN OF WHAT COUNTRY         |   |

|                                       |   |  |
|---------------------------------------|---|--|
| 13a. FATHER'S NAME<br><u>DAN COOK</u> | 13b. MOTHER'S MAIDEN NAME<br><u>MAGGIE NEVELS</u> | 14. NAME OF HUSBAND OR WIFE<br><u>CARIE COOK</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>486-18-1919</u> | 17. INFORMANT<br><u>MRS. PARRIE COOK</u> | Address<br><u>2004 A COLE ST.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Tubercular Tuberculosis</u> |                        | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b)             |                                  |
|  | DUE TO (c) <u>002X</u> |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour a.m. p.m. Month, Day, Year                                 | 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 845 P. and last saw her/him alive on \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at \_\_\_\_\_

|  |                   |                                   |                                    |
|--|-------------------|-----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><u>Patric Taylor Coroner</u> | (Degree or title) | 22b. ADDRESS<br><u>1300 Clark</u> | 22c. DATE SIGNED<br><u>9.19.60</u> |
|--|-------------------|-----------------------------------|------------------------------------|

|   |                             |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> | 23b. DATE<br><u>9-22-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>GREENWOOD</u> | 23d. LOCATION (City, town, or county) (State)<br><u>ST LOUIS CO. MO.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Elizabeth H. Lowe</u> | ADDRESS<br><u>3103 Washington</u> | 25. DATE RECD. BY LOCAL REG.<br><u>SEP 19 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith. M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*H. C. Claude, Jr.*

Licensed Embalmer No. 3489

P. O. Address 11237 J

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.