

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043109

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3347

AMENDED

1. PLACE OF DEATH
 a. COUNTY St Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park Length of stay in 1b WKS.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedarcroft Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St Louis
 c. CITY OR TOWN 45 Millbrook Lane Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Kirkwood 22 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Blake Middle Last Cooke
 4. DATE OF DEATH Month November Day 24 Year 1961
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7-29-1956 9. AGE (last birthday) 5 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) working 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) St Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Edson Cooke 13b. MOTHER'S MAIDEN NAME Ann Vinsonhaler 14. NAME OF HUSBAND OR WIFE _____

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. none 17. INFORMANT Edson Cooke Address Kirkwood 22, MO.
45 Millbrook Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hydrocephalus since birth
 DUE TO (c) _____

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. Yes No Unknown

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

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 4/12/61 to 10/24/61 and last saw him alive on 10/30/61
 Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. W. Heshie MD (Degree or title) 22b. ADDRESS Kirkwood 22, Mo 22c. DATE SIGNED 11/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-27-1961 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 23d. LOCATION (City, town, or county) St Louis Mo. (State)

24. FUNERAL DIRECTOR Bopp Chapel ADDRESS 10610 Manchester Kirkwood 22 Mo. 25. DATE RECD. BY LOCAL REG. 11-25-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Fernis J. Myland Jr.*

Licensed Embalmer No. 4512

P. O. Address Richwood

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.