V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13508

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946 4-26-46

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14608

State File No.

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3279

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2617a N. 11th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2617a N. 11th. St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. William A. Cook
3. (b) If veteran, name war yes-World War One
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife late Ida Mae Cook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug - 13 1890 (Month) (Day) (Year)
8. AGE: Years About 55 years; Months 7; Days 22; If less than one day hr. min.
9. Birthplace Wickliffle (City, town, or county) Ky (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name David Cook
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Roach
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Jasper M. Cook
(b) Address 2210 E. 21st. St. Granite City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) APR 9 1946 (Date received local registrar) (b) J. F. Bieduk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th. year 1946 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhage due Gunshot Wound - that self inflicted - in the attic at the home 2617a N 11th street Exact date & time unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Unknown
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury a gun
23. Signature Patrick E. Taylor (M.D. or other)
Address Deputy Coroner Date signed 4-9-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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 this body is not embalmed, fact should be so stated above.