

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3902 1/2

FILED NOV 27 1943

State File No. \_\_\_\_\_

Registrar's No. 2594

Registration District No. 317

Primary Registration District No. 6076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Sardenville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5026 Staley Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9  
(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 Mrs. Ida Mae Cook

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced M. /  
6. (b) Name of husband or wife Wm. Cook 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased April 2nd. 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 7 19 hr. \_\_\_\_\_ min.

9. Birthplace Unknown Ky. /  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Singelton  
13. Birthplace Tenn /  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Mary Stafford  
15. Birthplace Tenn /  
(City, town, or county) (State or foreign country)

16. (a) Informant William Cook

(b) Address 2617a N. 11th. St.

17. (a) Burial (b) Date thereof 11-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 24 1943 (b) E. H. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21st.  
year 1943 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 11/20 1943 to 11/21 1943  
that I last saw her alive on 11/21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 24 hrs

Due to Carcinoma of Larynx

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Bernard Spain + Cancer Hosp. PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy 47a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frankie Murphy, M.D. or other \_\_\_\_\_  
Address 8513 Quaver Date signed 11/22/43

APR 16 1948

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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 *Homer L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address *222 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.