

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6448

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Lukes Hospital)..... Ward.....

File No.....
Registered No. 1487

2. FULL NAME

Blanche Watkins Cooper
(a) Residence, No. Savon Hotel Ward. 17
(Usual place of abode) 1919 So. Grand (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew a. Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
77 X 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portsmouth Ohio

MOTHER FATHER 13. NAME James M. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Elizabeth Ruckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Arno C. Cooper
(ADDRESS) 5023 Clayton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE 2-17-1932

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4144 1/2 Olive St

20. FILED EE 15 1932
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 15th 1932
22. I HEREBY CERTIFY, That I attended deceased from 2-10-1932 to 2-15-1932
I last saw her alive on Feb. 15 1932 Death is said to have occurred on the date stated above, at 9:53 A.M.

The principal cause of death and related causes of importance were as follows:
Pleurisy (acute) Feb 11, 1932
110 110 B
111 E
Other contributory causes of importance: Pulmonary edema 2/14/32

Name of operation lateral lobectomy Date of op. Jan. 1932
What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury. D
Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) James A. Rank M. D.
Beaumont St. 381
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Jeff 9457

3720 Washington

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