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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Mo Pacific Hospital St Louis St. ..... Ward)

File No. 41081

Registered No. 11030

2. FULL NAME Randall Holman Cooper

(a) Residence, No. 508 Clark Ave. St., N.R. Ward. Webster Groves
(Usual place of abode) Webster Groves mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs R. H. Cooper.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1865

7. AGE YEARS 69 yrs MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - Railroad

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) Nov 17-1934

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owosso Michigan

FATHER

13. NAME Hamilton Cooper

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

MOTHER

15. MAIDEN NAME Cynthia Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U S A

17. INFORMANT (ADDRESS) R. H. Cooper 508 Clark Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City Mo DATE Nov 20 1934

19. UNDERTAKER (ADDRESS) Parker Fund Co Webster Groves

20. FILED NOV 19 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-18 A.m., 1934, to 11-18-34 A.m., 19....

I last saw him alive on 11-18, 1934. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Coronary occlusion
93 C

Other contributory causes of importance:

93 C

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. E. Feind, M. D.

(Address) Mo. Pac. Hosp. St. Louis