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.

DEC 13 1934

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

Do not use this space.

41185

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 41169

Township ..... Primary Registration District No. ..... Registered No. 41169

City St. Louis (No. Des Loge Hospital St. ..... Ward)

2. FULL NAME Cleveland Cooper

(a) Residence, No. Forder Rd. St. NR Ward. St. Louis County
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15, 1884

7. AGE: YEARS 50 | MONTHS 0 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garment cutter
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): St. Joseph Mo

FATHER

13. NAME: John Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. C. Cooper St. L. County

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Peter Fldg DATE 11-23, 1934

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand Blvd

20. FILED ..... 19.. J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to Nov 20, 1934

I last saw h. 1M alive on Nov 19, 1934. Death is said to have occurred on the date stated above, at 10 30 A.m.

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

	Date of onset ?
Carcinoma of the recto sigmoid juncture	11-4-34
46	

Other contributory causes of importance: 12318

46

Name of operation: Colostomy Date of 11-8-34

What test confirmed diagnosis? microscopic 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James L Mudd, M. D.

(Address) 401 Humboldt Bldg. St Louis Mo