

MAR 25 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County

St. Louis

Registration District No.

790

Township

W. 11th St.

Primary Registration District No.

6033A

City

(No. St. Louis County Hosp.)

File No.

7559

Registered No.

57

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

Chas. Cooper

(Usual place of abode)

St.

Ward.

(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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(or) WIFE OF

Ida Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 28-1876

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

60

4

8

OCCUPATION

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

Bricklayer

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)

Indiana

13. NAME

Charles E. Cooper

FATHER

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

Indiana

MOTHER

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT (ADDRESS)

Henry Sapiro  
496 1/2 W. 11th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anderson Ind. DATE Feb. 6 1936

19. UNDERTAKER (ADDRESS)

Cullinane B 705  
1710 N. 7th St

20. FILED

7/6

1936

Dr A J Guorelle  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936, to Feb 6 1936

I first saw him alive on Feb 6 1936 Death is said

to have occurred on the date stated above, at 3:16 a.m.

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

Lobar Pneumonia  
Hypostatic Pneumonia?

Date of onset

Other contributory causes of importance

Cyanosis  
Abscess of prostate  
(Ruptured & Prograde Perforation)

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed)

A. J. Guorelle  
St. Louis Co. Hospital

M. D.

(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS

