APR 11 1936

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

Do not use this space.

12578

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St. Louis Primary Registration District No. 1003 Registered No. 2611

City St. Louis (No. City Hosp. #1 St. ..... Ward)

2. FULL NAME 418740 Charles Cooper

(a) Residence, No. 1321 St., Marcus Ward 6 (If nonresident, give city or town and State)
(Usual place of abode)

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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma C. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1863

7. AGE YEARS 72 MONTHS 8 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME John Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Hannah Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Hosp. Tel. Mkeys City Hosp. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE Mar. 9, 1936

19. UNDERTAKER (ADDRESS) Drehmann Warrol 1906 Union Blvd

20. FILED MAR - 9 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/29, 1936, to 3/6/36, 19....
I last saw her alive on 3/6, 1936. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteroscleratic Gangrene	
Rt foot	

Other contributory causes of importance:
Bronchial Pneumonia
Chr. Tuberculosis

Name of operation Amputation Date of 3-4-34
What test confirmed diagnosis? P.M. 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) [signature] M. D.
(Address) City Hosp. #1

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.