

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

Do not use this space.

DEC 2 1936

791

43190

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No.)

City Hospital No. 1

File No.

Registered No.

11770

St. Ward)

B. 12534

2. FULL NAME

Mary Cooper

(a) Residence, No.
(Usual place of abode)

221 a Breman

St., 26 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

4. COLOR OR RACE

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

female

white

white

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Thomas Cooper

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

Jan 30 1877

7. AGE

YEARS

MONTHS

DAYS

if LESS than 1
day, hrs.
or min.

56

9

28

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

hwk

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)

Missouri

13. NAME John Head

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)

Hosp. Info. M.H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Granite City Ill DATE 11/28

19. UNDERTAKER
(ADDRESS)

J.E. Mercury
Granite City Ill

20. **NOV 28 1936**

J.F. Bredsch
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

11/28/36

22. I HEREBY CERTIFY, That I attended deceased from

11/27/36

19.....

to 11/28/36

19.....

I last saw her alive on 11/28/36, 19..... Death is said

to have occurred on the date stated above, at 5:50 a.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance

Regurgitative heart disease
ascites
pulmonary edema

Name of operation none Date of 11/28/36

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?

If so, specify

Geo. Seibold, M. D.

(Address) City Hospital No. 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.

