

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

Do not use this space.

✓
3787

1. PLACE OF DEATH

FEB 8 1937 791

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County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **ST. LOUIS**

(No. **PEOPLES HOSPITAL**)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

MAGGIE COOPER

(a) Residence, No. **3207 LUCAS**

St. **21** Ward. **1**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **FEMALE** 4. COLOR OR RACE **COLO.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-17-1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **FRANK COOPER MARRIED**

22. I HEREBY CERTIFY, That I attended deceased from **12-28-1936**, to **1-17-1937**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 7-1899**

I last saw h.m. alive on **1-17-1937**. Death is said

7. AGE YEARS **37** MONTHS **10** DAYS **10** If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at **6:30 A.M.**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSEWIFE**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **SELF 235**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

CARCINOMATOSIS OF PELVIC VISCERA Date of onset **6 Mos.**

Other contributory causes of importance: **H-9**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TALLADEGA ALA.**

MOTHER 13. NAME **IKE STEWART**

Name of operation **NONE** Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SELMA ALA.**

What test confirmed diagnosis?..... Was there an autopsy? **No**

15. MAIDEN NAME **LOLU SWAIN**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TALLADEGA ALA.**

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT **FRANK COOPER** (ADDRESS) **3207 LUCAS AVE.**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **FATHER DICKSON** DATE **1/21/37**

Manner of injury.....

Nature of injury.....

19. UNDERTAKER **ELMER E. PETTIS** (ADDRESS) **3030 BELLE AVE.**

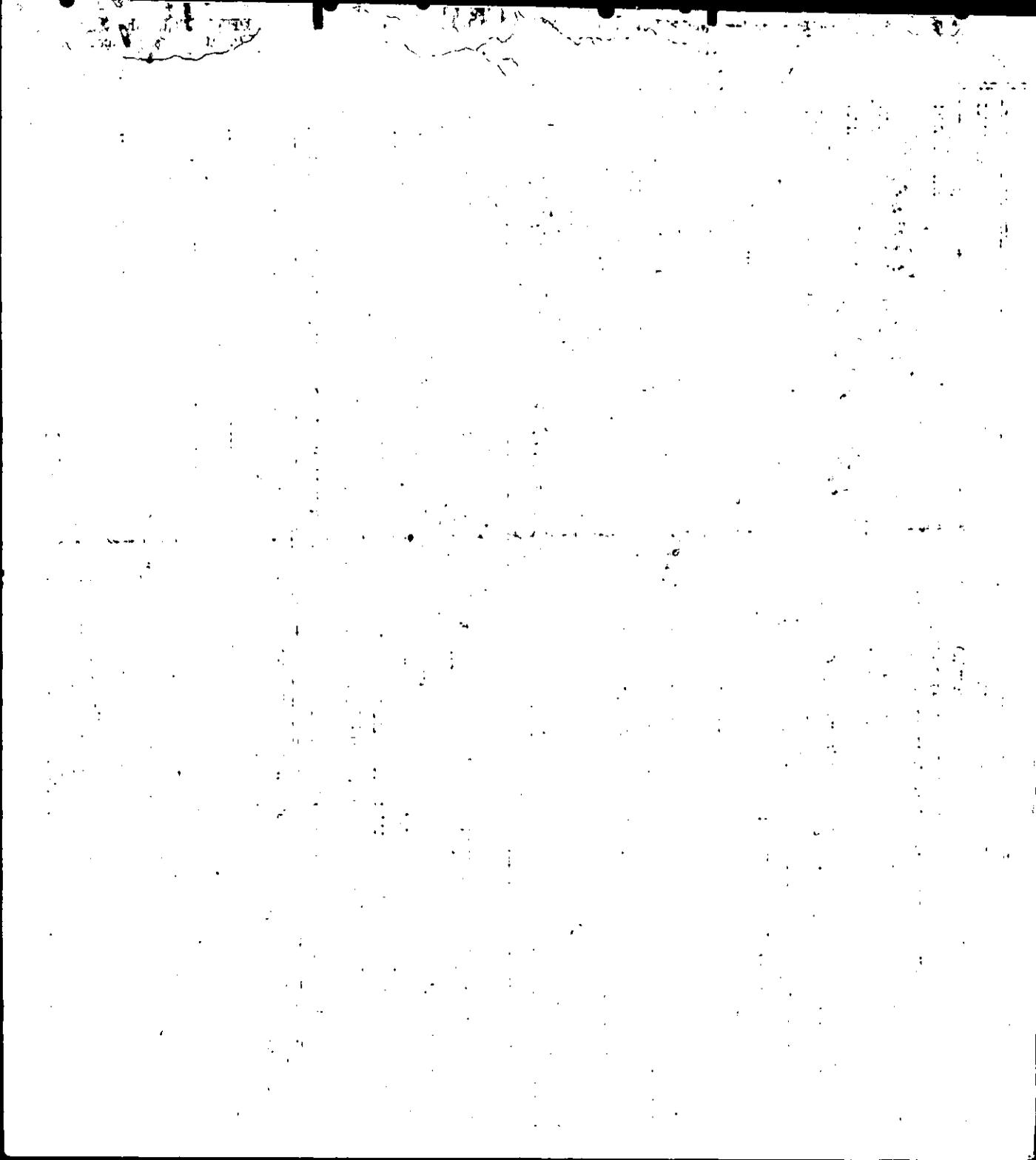
24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

20. FILED **JAN 19 1937** **J. J. Bredeck** Registrar.

(Signed) **C. M. Jones** M. D.

(Address) **3449 Pine Blv.**

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.



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

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1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Peoples Hospital)

File No. 3787
 Registered No. 823
 St. Ward)

2. FULL NAME

(a) Residence, No. 3207 Ducah St. Ward.
 (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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5-20 1937 J. J. Bredich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1937

22. I HEREBY CERTIFY that I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Carcinomatosis of Pelvic Viscera Date of onset 6 Mos.
Primarily in right ovary

Other contributory causes of importance:

Name of operation H Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. M. Jones M. D.

(Address) 3447 Vine Blvd

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.

TEMPORARY

S-3787