

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.

JUL 8 - 1937

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

Do not use this space.

791
1008

21700

File No. _____
Registered No. 5452
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 2119 Bremen Avenue)

2. FULL NAME

DELLA FRANCES COOPER
3211a North Newstead Avenue, Ward.

(a) Residence, No. _____ (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 Female
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 Williard F. Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1882
7. AGE YEARS 55 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME James Barnhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

15. MAIDEN NAME Mathida Ann Freeman

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

17. INFORMANT Williard F. Cooper
(ADDRESS) 3211a N. Newstead Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery, June 3, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED J. F. Brudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1937, to May 31, 1937
I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at 5:16 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix with metastases to bladder
Date of onset _____
Other contributory causes of importance _____

Urteral neoplasm Op.
Name of operation Feb. 23 Date of 5-23-37
What test confirmed diagnosis pathological 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) Eduard Schmidt, M. D.
(Address) 3720 Washington

JUN - 11 1937

