

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

791

County.....

Registration District No.....

Township.....

Primary Registration District No. 1003

City..... St. Louis

(No. 2601)

N Whittier

File No.....

29166

Registered No.....

7799

St. Ward)

2. FULL NAME..... Homer Cooper

(a) Residence, No. 2844 Locust

St. 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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

C

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

Single

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

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

Oct. 15, 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

43

9

26

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

Waiter

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)

Tennessee

13. NAME

Fenner Cooper

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

Tennessee

15. MAIDEN NAME

/ Bella Mettaney

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

Tennessee

17. INFORMANT (ADDRESS)

Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE Aug 19, 1937

19. UNDERTAKER (ADDRESS)

A. L. Beal and Co
277 1/2 Locust

20. FILE

AUG 19 1937

J. J. Brebeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to August 11, 1937

I last saw him alive on August 11, 1937. Death is said

to have occurred on the date stated above, at 10:10 m. p.m.

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

Adhesive Pericarditis

Date of onset
7-23-37

Other contributory causes of importance:

Nephrosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis clinical 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 no

(Signed) A. L. Lewis M. D.

(Address) 2601 N Whittier

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.

888

SECRET

SECRET