

JAN 10 1938

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

42865
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Hospital #1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Monroe O. Cooper,**

(a) Residence, No. **3023a North 20th Street** St. **26**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 18th, 1908**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 9 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Newspaper Seller**
 9. Industry or business in which work was done, as 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. Charles, Mo.**

FATHER 13. NAME **Mr. Geo. Cooper,**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

MOTHER 15. MAIDEN NAME **Birdie Vaughn**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Charles, Mo.**

17. INFORMANT **Mr. George Cooper.**
 (ADDRESS) **3023a North 20th Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Charles** DATE **Dec. 4th 37**

19. FUNERAL DIRECTOR **Hy Reider Mort Co**
 (ADDRESS) **1417 N. Market Street**

20. FILED **DEC 2 1937** **J. Bredek**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 1st 1937**

22. I HEREBY CERTIFY, That I attended deceased from

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:

23a
Tuberculosis (Lung)
Diabetic coma
 Date of onset

Name of operation Date of
 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? **No**
 If so, specify
 (Signed) **Joseph M. Quinn, M.D.**
 (Address) **Deputy Coroner**

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

A. H. Siddle

Licensed Embalmer No.

2226

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)