

REC'D JUN 9 1938

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

16754
Do not use this space.

4615

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... **St. Louis**..... (d) Street No..... **Homer Phillips Hospital**..... 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 **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Cooper *160?*
(a) Residence, No..... **3507 Laclede**..... St. **21**.....
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 5, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 **--** **12**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) **Tennessee**

FATHER 13. NAME **Sol Cooper**

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

MOTHER 15. MAIDEN NAME **Esabelle ?**

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

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST. LOUIS, ILL** DATE **5/21, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **R. M. C. GREEN**
3517 LACKEDE AVE

20. FILED **MAY 20 1938** *J. F. Bredler* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **May 12** 19 **38** to **May 17** 19 **38**

I last saw him alive on **May 17**, 19 **38**. Death is said to have occurred on the date stated above, at **5 P.** m.

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

Chronic nephritis
121
Hypertrophied prostate
Date of onset **5/12/38**

Other contributory causes of importance:
Hypertrophied prostate

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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?.....
If so, specify **James B. Harris** M. D.
(Signed) *James B. Harris* (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.

STATEMENT BY LICENSED EMBALMER

I, C. T. Nash

Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me May 18-38

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed C. T. Nash

Licensed Embalmer No. 2432

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.)