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.

REC'D SEP 12 1938

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

26873
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6887

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Saint Louis (d) Street No. 1439a (rear) N. 10th Street 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 Edward Cooper 60
(a) Residence, No. 1439a (rear) N. 10th St. St. 25
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown- 1859

7. AGE: About 79 — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

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.: Unemployed
10. Date deceased last worked at this occupation (month and year): Unavailable
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goodman Mississippi

FATHER
13. NAME: Wash Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goodman Mississippi

MOTHER
15. MAIDEN NAME: Betty ??
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goodman Mississippi

17. INFORMANT: Fannie Cooper
(ADDRESS) 1439a (rear) N. 10th, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Aug. 3, 1938.

19. FUNERAL DIRECTOR (NAME) Charles A. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED AUG 3 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1938, to July 28th, 19 38
I last saw him alive on July, 19 38 Death is said to have occurred on the date stated above, at 7:30 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Name of operation None 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
(Signed) James B. Harris, M. D.
(Address) 3337a Laclede Avenue

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

James Arthur Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4109 Finney Avenue

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

If this body is not embalmed, above space should be left blank.