REG'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

31142
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis

Registration District No. 1003

Primary Registration District No. .....

Registered No. 8579

(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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Hooper 160

(a) Residence, No. 1807a N. Sarah St. [11]
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21, 1874

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	1	7	

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): Unavailable

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union County Kentucky

FATHER

13. NAME: George Hooper

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

MOTHER

15. MAIDEN NAME: Emily Simpson

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

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Oct. 11, 1938

19. FUNERAL DIRECTOR (ADDRESS): Charles J. Gates, 4107 Finney Avenue

20. FILED SEP 30 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1938, to Sept. 28, 1938

I last saw him alive on Sept. 28, 1938 Death is said to have occurred on the date stated above, at 8:15a m.

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

Pulmonary edema caused by generalized arteriosclerosis — Date of onset 9/24/38

Other contributory causes of importance: 97

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 .....

(Signed) [illegible], M. D.

(Address) 2600 Whittier

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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