

NOV 16 1938

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

791
1003

34069
Do not use this space.

9055

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... 1 Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. 5308 1/2 Maple 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

169 Nancy Stuart Cooper
(a) Residence, No. 5308 1/2 Maple St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1938 to Oct. 15 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1852
7. AGE YEARS 86 MONTHS - DAYS 28 LESS than 1 day, hrs. or min.

I last saw him alive on Oct. 15 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

myocardial infarction
arteriosclerosis
Other contributory causes of importance:
arteriosclerosis
myocardial infarction

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Harold Mamerug 6044 Glenview

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill DATE Oct. 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas. F. Stuart 1225 Myrtle Blvd.

20. FILED Oct. 17 1938 J. F. Bredeck Local Registrar

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Thos. Hill, M. D.
(Address) 0298 Page

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

Registered Apprentice No., working under my personal supervision.

Signed Bernard H. Stuart

Licensed Embalmer No. 3500

P. O. Address 5318 Bartmer

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.)

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