

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

**37340**  
 Do not use this space.

DECEMBER 12 1938

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis,** (d) Street No. **St. Lukes Hospital**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 **THOMAS KEENER COOPER.**  
 (a) Residence, No. **5537 Gates,** 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**

3. SEX **Male**  
 4. COLOR OR RACE **White**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ora B. Cooper.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 9th 1878**  
 7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... min.  
**59 11 27**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Real estate.**  
 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) **Naples,** (STATE OR COUNTRY) **Ill.**

FATHER  
 13. NAME **Abner Deane Cooper.**

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

MOTHER  
 15. MAIDEN NAME **Francis Keener**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Ill.**

17. INFORMANT **Thomas K. Cooper Jr.** (ADDRESS) **#451 Jackson, University City,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **Nov. 8th 1938**

19. FUNERAL DIRECTOR (NAME) **C.R. Lupton & Sons.** (ADDRESS) **7233 Delmar, Blvd., St. Louis Mo.**

20. FILED **NOV 7 1938** **J. T. Bredek** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 6th 1938**

22. I HEREBY CERTIFY That I attended deceased from **Oct. 12 1938, to Nov. 6 1938**  
 I last saw him alive on **Nov. 6 1938** Death is said to have occurred on the date stated above, at **1:30 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Angina pectoris (Coronary Sclerosis) ?**  
**Subadrenal ulcer - hemorrhage**  
 Date of onset **31**

Other contributory causes of importance:  
**Chronic Nephritis**  
**Arterio Sclerosis - hypertension**  
**Chr. glomerular Nephritis**

Name of operation ..... Date of .....  
 What tests 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 **H. G. Newman** M. D.  
 (Signed) **H. G. Newman**  
 (Address) **3720 Washington**

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.

Dr. Harold G. Newman,  
3720 Washington,  
Je--4515

1:30 - 6 P. M.  
Tue 10 min

**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, .....

*Bradford A. Miles*

or by .....

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

Signed.....

*Bradford A. Miles*

Licensed Embalmer No. 2901

P. O. Address, *St Louis Mo*

**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.**