

RECD MAR 8 1939

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

7893
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 318
(c) City Jefferson Barracks (d) Street No. Veterans Administration Facility 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 166 Clarence J. COOPER

(a) Residence, No. 726 N. Kansas Street St. Edwardsville, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Florence Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from February 19, 1939 to February 21, 1939
I last saw him alive on February 21, 1939. Death is said to have occurred on the date stated above, at 3:58 pm.
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. Laborer W.P.A.
9. Industry or business in which work was done, as saw mill, bank, etc. Hotz Lumber Co.
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. Unkn.

Obstruction, pyloric and intestinal, due to adhesions, secondary to cholecystitis chr. & surgical operation Feb. 22, 1938
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Clifton (STATE OR COUNTRY) Texas

Other contributory causes of importance: Myocarditis, chronic

FATHER 13. NAME John James Cooper

Laparotomy with gastro- Name of operation enterostomy Date of 2-19-39
What laboratory tests were made? X-ray & laboratory findings. Was there an autopsy? No.

14. BIRTHPLACE (CITY OR TOWN) Clifton, Texas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fannie Ware

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

17. INFORMANT Clifford J. Adm. Fac., Jeff. Brks., Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill. DATE Feb. 23, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. S. L. Co. (ADDRESS) 7814 S. Broadway

20. FILED FEB 22 1939 Dr. Meyer Local Registrar.

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 Chief Med (Signed) C. W. HUGHES, M.D. M. D. (Address) Officer, Vet. Adm. Facility, Jeff. Brks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

22 1939
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.