DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27825

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7325

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home 6564 Hoffman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6564 Hoffman Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arthur Cooper 160

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Cooper

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased October 26 1874
(Month) (Day) (Year)

8. AGE: Years 64 Months 90 Days 27 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer Terminal R.R.

11. Industry or business Retired

FATHER
12. Name George Cooper
13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Donaldson
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arvid Eckman
(b) Address 6564 Hoffman Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 25 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 24 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day August year 1939 hour 6:25 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on April 22 , 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas.

Due to Duration since Aug 1 - 1938 under observation

Due to at Mo Pac. Hospital Clinic

Other conditions Since April 22-39
(Include pregnancy within 3 months of death)

First operation 8/22 38

Major findings: Of operations Common duct obliterated also mass in pancreas

Of autopsy 2nd operation 10-28-38

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. N. B. Kennedy (M. D. or other)

Address 1755 South Grand Date signed 8/24 39

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

Dr Zimert
Mo Pac Hosp

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 Frank I Owens

Licensed Embalmer No. 2245

P. O. Address.....

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

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