

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
1 X19311

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.

REGD DEC 1 1939 791  
Registration District No. **1002**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: City Hospital #1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 15 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2615 Howard St.  
(If rural, give location)

(e) If foreign born, how long in U.S. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME GLENCORA COOPER

3. (b) If veteran, name war no

3. (c) Social Security No. none

20. DATE OF DEATH: Month Nov. day 17th  
year 1939 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jesse H. Cooper

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: May 30, 1869  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70	5	17	hr. _____ min.
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Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation housework

Other conditions Diabetes  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name S. B. Newell,

13. Birthplace Poughkeepsie, New York.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: 59

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Jesse H. Cooper

(b) Address 2615 Howard St.

17. (a) Burial (b) Date thereof Nov. 20, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Wm. H. Schumacher

(b) Address 4834 Natural Bridge, St. Louis, Mo.

19. (a) NOV 17 1939 (b) J. P. Beckwith  
(Date received local registrar) (Signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Alfred J. Perry (M. D. or other)

Address Capitol Corner Date signed 11/17/39

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**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.....

*John Ketter*  
.....  
Licensed Embalmer No. 3880

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.**