

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

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2294

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 8/30/39
 (Specify whether
 In this community Veterans Adminis. Facility
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis County
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3709 Risch
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? - years

3. (a) PRINT FULL NAME COOPER, William W.
 3. (b) If veteran, name war War Time
 3. (c) Social Security No. 497-07-5766

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Edna Cooper 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased March 9, 1892
 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Collector

11. Industry or business -

MOTHER FATHER
 { 12. Name Unknown
 { 13. Birthplace Unknown
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical Clerk
 (b) Address Vet. Adm. Bldg., Jeff. Bks., Mo.

17. (a) Burial (b) Date of removal 12-28-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Sh. March

18. (a) Signature of funeral director Fendler Undertaking Co.
 (b) Address 7420 Michigan Ave.
St. Louis, Missouri

19. (a) DEC 27 1939 (b) W. A. R. Hughes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 25th
 year 1939 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 30, 1939
 to Dec. 25, 1939
 that I last saw him alive on December 25, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Complete obstruction of the bile duct with hepatitis and post-operative biliary fistula, resulting in extensive intra-abdominal adhesions and obstruction of the second portion of the duodenum.
 Due to no contributory cause.

Other conditions (include pregnancy within 3 months of death)
 Major findings: - 125/82
 Of operations -
 Of autopsy See cause of death above.

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?

While at work (Specify type of place) (e) Means of injury
 23. Signature W. A. R. Hughes, M.D. (M. D. or other)
 Address Vet. Adm. Bldg., Jeff. Bks., Mo. Date signed

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 Wilson Collins

Licensed Embalmer No. 3887

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.