

Registration District No. _____

Primary Registration District No. _____

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: City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether _____)
 In this community _____
 years, months or days) 20 yrs

3. (a) PRINT FULL NAME Mercy Jane Cooper
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Jesse
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 9, 1854
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
85 5 13

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. A. Wagers

18. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Lydia Wilson
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Ray Carpenter

(b) Address 2640a Park Ave

17. (a) Removal (b) Date thereof 1/24/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Mo.

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JAN 23 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2861a Henrietta St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
 year 1940 hour 12 minute 30 A. M.

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

Immediate cause of death 1st and 2nd Degree Burns of Back Duration _____
 Due to Head and Head, suffered when dress became ignited while
 Due to _____

Other conditions Long Pipe in her
 (Include pregnancy within 9 months of death)
Home Jan. 20-1940
 Major findings: About 1:40 P.M.

Of operations _____

Of autopsy Accident
 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) Accident

(b) Date of occurrence 1/20/40

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

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

While at work? _____

23. Signature Ray Carpenter (M. D. or other) _____

Address 2640a Park Ave 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.....

L. K. Casper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 Lafayette

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.