

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33222**

Registration District No. **784**

Primary Registration District No. **700**

Registrar's No. **1873**

1. PLACE OF DEATH:

(a) County **Saint Louis**  
(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 **Adm: 9-10-40**  
(Specify whether  
In this community **--**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**  
year **1940** hour **12** minute **12** A. M.

21. I hereby certify that I attended the deceased from **September 10**, 19**40**, to **October 3**, 19**40**,  
that I last saw him alive on **October 3**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease, cardiac enlargement and myocardial insufficiency**  
**XXXX** and **Nephritis, chronic, with edema and XXXX uremia.**

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **No operation**

Of autopsy **No autopsy**

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 **Officer**  
Signature **C. W. HUGHES, M.D.** Chief (M. D. or other)  
Address **VAF., Jefferson Bks., Mo.** Date signed **10-3-40**

3. (a) PRINT FULL NAME **Price COOPER**

3. (b) If veteran, name war **World** 3. (c) Social Security No. **500-16-7134**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Laura** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Sept. 19, 1887**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **14** If less than one day hr. min.

9. Birthplace **New London, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer, W.P.A.**

11. Industry or business **--**

12. Name **Not known**

13. Birthplace **Not known**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinical Clerk M. Schulz**

(b) Address **VAF., Jefferson Barracks, Mo.**

17. (a) **BURIAL** (b) Date thereof **Oct. 7-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NATIONAL CEMETERY**

18. (a) Signature of funeral director **C. Hoffmeister**

(b) Address **7814 S. Bellview**

19. (a) **OCT - 4 1940** (b) **R. M. Murphy**  
(Date received final report) (Registrar's signature)

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

MOTHER FATHER

Duration

Unkn.

PHYSICIAN

Underline the cause to which death should be charged statistically.

m

**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.....

*Linn C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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, fact should be so stated above.**