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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32579

Primary Registration District No. 700

Registrar's No. 1874

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Elms Convalescent Home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Months. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4949 Reber Place. (If rural, give location) 5

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS B. COOPER.

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 Widowed.

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

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased June 16, 1849. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	2	23	hr. min.

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

10. Usual occupation Retired

11. Industry or business Glass Blower.

FATHER 12. Name Benton Craig Cooper.

FATHER 13. Birthplace Dont know. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Dont know.

MOTHER 15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jett E. Meyer.

(b) Address 6044 Clemens Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-1941. (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) SEP 10 1941 (Date received local registrar) (b) C. A. McFarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th. year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 18, 1941 to Sept 8, 1941 that I last saw h alive on Sept 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	2½ yr.
Due to Hypertension	5 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 93d

Of autopsy

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 (M. D. or other) D

Address 7552 Ellis Ave. Date signed Sep 9 1941

107 (Licensed Embalmer) Statement on Reverse Side)

Dr.L.B.Couch.
7553 Ellis Ave.
Telephone Highland 0530.

OCT 6 1941

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.