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X26390

FILLED NOV 24 1941 791
Registration District No. _____

Primary Registration District No. **1003**

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:
2105 South Fourth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 14 years
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME JOHN H. COOPER

3. (b) If veteran, name war none
3. (c) Social Security No. 499-03-5076

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 17, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation Night-watchman

11. Industry or business Miss. Valley Steel Co.

12. Name Jesse Cooper

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

14. Maiden name Martha Foster

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

16. (a) Informant Ira N. Cooper

(b) Address 1722 Missouri Avenue

17. (a) Removal (b) Date thereof 10-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corning, Arkansas

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

(b) Address 2301 Lafayette Avenue

19. (a) OCT 28 1941 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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") 1793
(d) Street No. 2105 South Fourth Street (If rural, give location) S
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1941 hour 3 minute 00 a. M.

21. I hereby certify that I attended the deceased from August 29, 1941 to October 22, 1941

and that death occurred on the date and hour stated above.
that I last saw him alive on October 22, 1941

Immediate cause of death Carcinoma of Liver
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None

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 0

23. Signature L. J. Mulligan (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 10/28/41

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

L.R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 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, fact should be so stated above.