

FILED FEB 11 1942

Registration District No. 78P

Primary Registration District No. 200

Registrar's No. 271

1. PLACE OF DEATH:

(a) County St. Louis Pattonville

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

(c) Name of hospital or institution:
Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)

In this community 20 days
years, months or days

3. (a) PRINT FULL NAME MAX COOPER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Widow

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

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years abt. 53 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation GLAZER

11. Industry or business FUR BUSINESS

MOTHER FATHER { 12. Name ELUL COOPER

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

14. Maiden name PESIA ANKIMITSA

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

16. (a) Informant Mrs. S. Zarkoff

(b) Address 6215 Delmar

17. (a) BURIAL (b) Date thereof 2-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrak Kadisha

18. (a) Signature of funeral director Oscar Handley

(b) Address 4169 Washington

19. (a) FEB 4 1942 (b) C. J. McQuinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 737 Limit Ave. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 11 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1942 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from January 15, 1942, to February 4, 1942; that I last saw him alive on February 4, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchogenic Carcinoma of left lower lobe

Due to _____

Due to HTC

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 Archie Simpson (M. D. or other) _____

Address Quincy St. Date signed _____

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

9600

APR 28 1942

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 *H. J. Reinhardt* _____

Licensed Embalmer No. *3669* _____

P. O. Address _____

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.