

Registration District No. 787

Primary Registration District No. 112

Registrar's No. 147

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9202 Shortridge Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community LIFE
years, months or days)

3. (a) PRINT FULL NAME NANCY M. COOPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married: Divorced Widowed
6. (b) Name of husband or wife William D. Cooper 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 15 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Turner

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

14. Maiden name unknown

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

16. (a) Informant Ellie Kramer

(b) Address 9204 Shortridge, Rock Hill

17. (a) Burial (b) Date thereof 20 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS CEM

18. (a) Signature of funeral director KINGSHAUSER

(b) Address 4228 So KING HIGHWAY

19. (a) JAN 20 1942 (b) C. S. Mc Harrah Jr
(Date received local registrar) (Registrar's signature)

107 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill Village
(If outside city or town limits, write "RURAL")
(d) Street No. 9202 Shortridge Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 18 day Jan
year 1942 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from about
June 15 1939 to about 1-25 1941
that I last saw her alive on about Jan. 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Probably
Myocardial Insufficiency

Due to _____
Due to 92b

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

Major findings:
Of operations _____

Of 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?

While at work? _____ (Specify type of place)

(e) Means of injury TI

23. Signature R.H. Williams (M. D. or other) _____

Address Moberly Mo. Date signed 1-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30-4
20

96
14
0

FEB 2 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin D. Mc Dermott

Licensed Embalmer No.....

3024

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, fact should be so stated above.