

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Romer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 39 years years, months or days)

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") 12
(d) Street No. 4316 Cote Brillante (If rural, give location) 9 11
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Cooper
3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 6 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Fredericktown Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Cooper
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Jane Madison
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant E. M. Oliver
(b) Address Westend Hotel apt. 30

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney ave

19. (a) OCT 20 1942 (Date received local registrar) (b) J. F. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15, year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 9, 1942 to October 15, 1942; that I last saw him alive on October 15, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

Duration Unknown
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 S. E. Smith (M. D. or other) _____

Address 2601 Whittier Date signed 10/20/42

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

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 *S. J. Watson*.....

Licensed Embalmer No. *2695*.....

P. O. Address *2769 Chouteau*.....

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.