

FILED OCT 28 1942

318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 4 days
(Specify whether years, months or days)
 In this community 4 years

3. (a) PRINT FULL NAME Susie Mae Cooper

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

4. Sex F 5. Color or race Negro 6. (a) Single widowed, married, divorced 0

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

7. Birth date of deceased Oct 9 1926
(Month) (Day) (Year)

8. AGE: Years 16 Months - Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name JAMES COOPER

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

14. Maiden name unknown

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

16. (a) Informant Bessie Cooper

(b) Address 932 N 14 St

17. (a) BURIAL (b) Date thereof Oct 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Parrish & Jones

(b) Address 9631 Sankle

19. (a) OCT 16 1942 (b) J. F. Buesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis, 6 22
(If outside city or town limits, write "RURAL")
 (d) Street No. 2352 Chouteau
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, year 1942 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from September 6, 1942, to October 10, 1942.; that I last saw her alive on October 10, 1942.; and that death occurred on the date and hour stated above.

Immediate cause of death:
Pulmonary Tuberculosis
Intestinal Tuberculosis

Duration
Unknown
Unknown

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

33. Signature Alva Moore (M. D. or other) _____

Address 2601 Whittier Date signed 10/15/42

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..... *Charles L. Hoewer*

Licensed Embalmer No. *2452*

P. O. Address *2834 Gamble*

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.