V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 143

FILED JAN 19 1943 318

Registration District No. 6

Primary Registration District No. 1003

Registrar's No. 139

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

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:
1426 Hamilton Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1426 Hamilton Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ISAAC FRED 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, divorced Married

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 11 (Month) 11 (Day) 1883 (Year)

8. AGE: Years 59 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Postal Clerk

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Jackqlin

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

16. (a) Informant J. F. Cooper

(b) Address 1426 Hamilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JAN 6 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1943 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of the Brain; when he was manhandled by three unknown assailants at the intersection of Wells and Amherst Place, about 3:10 o'clock A.M., Jan. 2nd, 1943. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations No

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) Homicide

(b) Date of occurrence Jan. 2nd, 1943

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 1/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.