No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3373/

FILED FEB 10 1943

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 64

1. PLACE OF DEATH:

(a) County: St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Nov. 30, 1942 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 009 12

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: St. Francis Hotel, 604 Chestnut St.
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: George A. Cooper

3. (b) If veteran, name war: World War-1918

3. (c) Social Security No. 488-03-8097

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: UNKNOWN

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

7. Birth date of deceased: October (Month) 11, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	27	hr. min.

9. Birthplace: New Albany, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: -

FATHER
12. Name: Oscar Cooper
13. Birthplace: (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Martha Jones
15. Birthplace: (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: M. Kelly
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: JANUARY 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: SAN FRANCISCO, CAL.

18. (a) Signature of funeral director: A. Hoffmeister & Co.
(b) Address: 7814 S. Broadway

19. (a) JAN 12 1943 (Date received local registrar) (b) E. H. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th, year 1943 hour 8:45 minute a. M.

21. I hereby certify that I attended the deceased from November 30, 1942 to January 8, 1943 that I last saw him alive on January 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and Coronary arteriosclerotic heart disease, myocardial damage,	
Due to: and myocardial insufficiency	About 2½ yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis, general	Unknown
Hypertension, arterial	Unknown

Major findings:
Of operations: No operation
Of autopsy: No 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): no

(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? (Specify type of place)

While at work? (b) Means of injury:

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)

Address: Chief Medical Officer Date signed: 1/8/43

(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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.