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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5936

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: 2309 Delmar Blvd 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Enroute City Hosp #2 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 921

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

(d) Street No. 2309 Delmar Blvd (If rural, give location)

(e) Citizen of foreign country? No attending Physician (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Edward Cooper

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

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 Oct (Month) 2 (Day) 1867 (Year)

8. AGE: Years 75 ~~77~~ Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name Nels Cooper
13. Birthplace Unknown (City, town, or county) S. Carolina (State or foreign country)

MOTHER
14. Maiden name Ellen Jones
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ida Swanson
(b) Address 2614 Gamble St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Ave

19. (a) JUN 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour 7 minute 30 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 Coronary Sclerosis

Due to

Due to 94 R

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan (M.D. or other)

Address Deputy Coroner Date signed 6-26-43

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine St

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.