S. No. 2
I—9-4-41
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. 26557

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2814

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: City Infirmary 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mch-28-1940 (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

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

(d) Street No. 5800 Arsenal St. (If rural, give location) 13

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

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Cooper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased — (Month) — (Day) 1853 (Year)

8. AGE: Years 90 Months — Days — If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John Seiser
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hollis
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 31 1943 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ City Infirmary

18. (a) Signature of funeral director J. Ryan

(b) Address 5800 Arsenal

19. (a) AUG 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1943 hour 10:45 a.m. minute M.

21. I hereby certify that I attended the deceased from 7/27 1943 to 8/3 1943 that I last saw her alive on 8/3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 7 days

Due to acute infection 10

Due to

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) — several years

Major findings: Of operations none

Of autopsy none

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 R. Wm Kornitz 0 (M. D. or other) MD

Address City Infirmary Date signed 8/11/43

(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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.