

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5002

State File No.

FILED MAR 6 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1826

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:
2822 Delmar Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

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

(d) Street No. 2822 Delmar Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Samuel Cooper

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

4. Sex M. 5. Color or Race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased 2 (Month) 6 (Day) 1868 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 44 hour 8 minute 40 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.

8. AGE: Years Months Days If less than one day

Abt 76 hr. min.

9. Birthplace Columbia Tenn.
(City, town, or county) (State or foreign country)

Immediate cause of death Coronary Sclerosis
Arterio Sclerosis

Due to
Due to 94.....

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Phillip Cooper

{ 13. Birthplace Columbia Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Martha

{ 15. Birthplace Columbia Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Phillip Cooper
(b) Address 2822 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-44
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park C

18. (a) Signature of funeral director A.L. Beal Und.
(b) Address 2726 Lucas Ave

19. (a) FEB 24 1944 (Date received from registrar) J. F. Bredeck (Registrar's signature)

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) (or) Means of injury 3

23. Signature Thomas F. Callener (M. D. or other)
Address Deputy Coroner Date signed 2-24-44

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 A. L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 9th E Gayle

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.