

S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7835**

Registration District No. **318** Primary Registration District No. **1003**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St Louis**

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

(c) Name of hospital or institution: **Alx. Bros Hosp. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph Cooper**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Helena Cooper** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 9 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Geo Cooper**

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

14. Maiden name **Julia**

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

16. (a) Informant **Helen Held**

(b) Address **St Louis Co.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-8-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Fendler and co**

(b) Address **7420 Michigan Ave**

19. (a) **SEP 7 1945** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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. **6301 Vermont** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6** year **1945** hour _____ minute **2** A. M.

21. I hereby certify that I attended the deceased from **you** 19 **45** to **Sept 6** 19 **45** and that death occurred on the date and hour stated above.

that I last saw him alive on **9-6-45** 19 _____

Immediate cause of death **Ac Dilatation of heart**

Due to **chronic myocarditis** **chronic arteriosclerosis**

Due to _____

Other conditions **Pa of stomach**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **748 Lemay Ferry Rd** Date signed **9-6-45**

Duration **4 hrs**

several years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.