

S. No. 2  
1-1/47  
5-17-39

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33284**  
Registrar's No. **1992**

Registration District No. **1** Primary Registration District No. **6076**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Highway 50 near Grover, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **rural 3**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **FRANKLIN 36**  
(c) City or town **Pacific**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Richard Lewis Cooper**  
3. (b) If veteran, **No** name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **21**  
year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **May 9 1928**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**19 4 12** hr. \_\_\_\_\_ min.

Immediate cause of death **multiple fractures of right leg & left pelvis & resulting shock-passenger in an ~~auto~~ automobile which collided with another automobile**  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **laborer**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
**OBSCURE**  
Underline the cause of which death should be charged statistically.

11. Industry or business **Gen'l Labor**

12. Name **Jake Cooper**  
13. Birthplace **Stanton Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie DeClue**  
15. Birthplace **Moselle Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jake Cooper**  
(b) Address **Pacific, Mo.**

17. (a) **Burial** (b) Date thereof **9/23/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Moselle, Mo.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 96**  
(b) Date of occurrence **Sept. 21, 1947**  
(c) Where did injury occur? **St. Louis County, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public road.**  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury **Blunt impact 3**

18. (a) Signature of funeral director **Irvin P. Thibbs**  
(b) Address **Pacific, Mo.**  
19. (a) **9-23-47** (b) **Richard L. Cooper**  
(Date received local registrar) (Registrar's signature)

23. Signature **Donald J. Williams**  
Address **Clayton, Mo.** Date signed **9/23/47**

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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.....

*August Bruns Jr.*

Licensed Embalmer No.....

*4938*

P. O. Address.....

*Pacific Mo.*

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.