No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 548

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39538

Primary Registration District No. 1003

Registrar's No. 10298

WRITE PLAINLY—USING 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: 1418 Franklin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Clark Cooper
3. (b) If veteran, name war
3. (c) Social Security No. 487-14-0081

4. Sex M. 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Cooper
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 10 (Month) 24 (Day) 1900 (Year)

8. AGE: Years 47 Months 0 Days 18 If less than one day hr. min.

9. Birthplace West Point (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Lem Cooper
13. Birthplace Artesia (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Hanner Johnson
15. Birthplace Artesia (City, town, or county) Miss (State or foreign country)

16. (a) Informant Mary Cooper
(b) Address 1418 Franklin Ave
17. (a) Burial By Rail (Burial, cremation, or removal) (b) Date thereof 11-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation West Point Miss
18. (a) Signature of funeral director Gus Lowe
(b) Address 2839 Dickson St.
19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 9th year 1947 hour 7:20 minute P. 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.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 9H	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Patrick E. Taylor M. D. or Other
Address Deputy Coroner Date signed 11-12-47

Jefferson City Printing Co. (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 54 Bayard

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.