

1. PLACE OF DEATH:
(a) County **ST LOUIS**
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Booth Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 hours**
In this community **8** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LEON HOOPER JR.**
3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____
4. Sex **M** Color or race **W**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **6/22/48**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day **8** hr. **9** min.

9. Birthplace **ST LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **N11**

11. Industry or business _____

MOTHER FATHER
12. Name **LEON HOOPER**
13. Birthplace **MAYFIELD Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **BORETTA (Hooper) ROY**
15. Birthplace **EVANSVILLE INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **LEON HOOPER**
(b) Address **1925 Geyer Avenue**

17. (a) **Burial** (b) Date thereof **6-25-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew Cemetery**

18. (a) Signature of funeral director **Mayell Undertaking**
(b) Address **1926 Allen Avenue**

19. (a) **JUN 25 1948** (b) **J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **1925 Geyer Avenue** (If rural, give location) **9**
23
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**
year **1948** hour **8** minute **14** P.M.

21. I hereby certify that I attended the deceased from **7 to 8 14 PM**
19____ to **6/22/48**, 19____;

that I last saw him **alive** on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intracranial Hemorrhage, of newborn** Duration **8 hrs**

Due to **Bleeding tendency.**

Due to _____

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

PHYSICIAN
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)
(e) Means of injury _____

23. Signature **Harry J. Lawler** (M. D. or other) **M.D.**

Address **634 N. Grand St. Louis** Date signed **6/22/48**

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.....

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

Signed Benj. L. Duncan
.....
Licensed Embalmer No. 2272
.....
P. O. Address, 1926 Allen Avenue
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.