

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 13 1948
318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27604
Registrar's No. 7673

1. PLACE OF DEATH:

(a) County: St. Louis Mo.
(b) City or town: St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME: Clyde E Cooper
3. (b) If veteran, name war: no
3. (c) Social Security No.: 329-07-9784

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Minnie
6. (c) Age of husband or wife if alive: 11 years
7. Birth date of deceased: March 11 1897
(Month) (Day) (Year)

8. AGE: Years: 71 Months: 5 Days: 19
If less than one day hr. min.

9. Birthplace: Offord, Surmace, N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation: Chemist

11. Industry or business: American Steel

12. Name: no record

13. Birthplace: no record
(City, town, or county) (State or foreign country)

14. Maiden name: no record

15. Birthplace: no record
(City, town, or county) (State or foreign country)

16. (a) Informant: Floyd Able

(b) Address: East St. Louis

17. (a) Remove (b) Date thereof: 8-31-48
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation: East St. Louis

18. (a) Signature of funeral director: James J. Hume - V.R. 1004

(b) Address: 2525 State St. St. Louis

19. (a) AUG 31 1948 (b) J. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: St. Clair
(c) City or town: East St. Louis, Ill.
(If outside city or town limits, write "RURAL")
(d) Street No.: 552 N. 14 St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 30
year: 48 hour: 9:45 minute: P M.

21. I hereby certify that I attended the deceased from 8-23-48
to 8-30-48, 1948,
that I last saw him alive on August 30, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Sabre pneumonia

Due to: 100

Due to: 100

Other conditions: 100
(Include pregnancy within 3 months of death)

Major findings: No above
Of operations: No above

Of autopsy: No above

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: J. Braden (M. D. or other)

Address: Barnes Hospital

Date signed: 9/5/48

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

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.

not Embalmed
Signed.....

Licensed Embalmer No.....

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.