FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34027

FILED OCT 30 1948

Registration District No. 318 314 — Primary Registration District No. 1003 — Registrar's No. 9135

1. PLACE OF DEATH:
(a) County St Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2829 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2829 Delmar Blv.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip Cooper
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alcena
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 3rd ? (Month) (Day) (Year)

8. AGE: Years About 62 | Months | Days | If less than one day br. min.

9. Birthplace Union City Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Simon Cooper
13. Birthplace Union City Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Alcena Cooper
(b) Address 2829 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 25 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Co
18. (a) Signature of funeral director A. L. Beal Und. Co.
(b) Address 2826 Lucas Ave.
19. (a) OCT 22 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Oct
year 1948 hour 12 minute 01 A.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.

Immediate cause of death: Internal Hemorrhage following gunshot wounds of fine infected with gun
Due to: Hands of Alcena Cooper around 1201 A.M. Oct 19, 1948 in the home 2829 Delmar
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Homicide
(b) Date of occurrence Oct 19 1948
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Gunshot
23. Signature Dalmer E Snyder (M. D. or other)
Address Date signed 10/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.

Signed Theodore T. Handell

Licensed Embalmer No. 4243

P. O. Address 14 Wayne

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.