No. 300
10-48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9919

BIRTH NO. _____ REG. DIST. NO. 518 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2638

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Johns
d. STREET ADDRESS (If rural, give location): 2553-Endicott Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): Mar. 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1881
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 7, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: xxxxx
11. BIRTHPLACE (State or foreign country): Helena, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oscar Cooper
13b. MOTHER'S MAIDEN NAME: Bettie Hudson
14. NAME OF HUSBAND OR WIFE: Birdie Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: xxxx
17. INFORMANT'S SIGNATURE OR NAME: Birdie Cooper
ADDRESS: 2553-Endicott Ave-Overland, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Gangrene legs + feet — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic obliterative P.V.D. — several years

DUE TO (c) Endocard Cancer - lungs - liver abdomen Site not determined — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Starvation — 3 mos.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis — Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 3-20, 1949, *to* 3-21, 1949, *that I last saw the deceased alive on* 3-21, 1949, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roland W. Stuebner **(Degree or title)**: MD-O
23b. ADDRESS: 462 N Taylor St Louis
23c. DATE SIGNED: 3/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-49
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
24d. LOCATION (City, town, or county) (State): Wellston, Mo.

DATE REC'D BY LOCAL REGISTRAR: MAR 23 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros. Inc.
ADDRESS: 2504 Woodson Rd - Overland, Mo.

(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 3434

..... Student Embalmer No. .....

working under my personal supervision.

Signed David E. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Overland 145

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.