No. 300
10.48

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24707

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6497

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) ~~30 Days~~ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
d. STREET ADDRESS (If rural, give location) 6249 Northwood

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) — c. (Last) COOPER

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1949

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Feb 17, 1890 **9. AGE** (In years last birthday) 59 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) Goliad, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNK
13b. MOTHER'S MAIDEN NAME Minnie Lett
14. NAME OF HUSBAND OR WIFE Robert Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Robert Cooper **ADDRESS** 6249 Northwood

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laceration of neck; self
DUE TO (c) inflicted at her home, with table knife July 8 1949 exact time unknown

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Suicide
20. AUTOPSY YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis **(COUNTY)** Mo **(STATE)** Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 8 49 7 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gunshot

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Jurn Coroner (Degree or title) Deputy
23b. ADDRESS 300 Clark
23c. DATE SIGNED 7/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 27, 1949
24c. NAME OF CEMETERY OR CREMATORY Goliad
24d. LOCATION (City, town, or county) Goliad **(State)** Texas

DATE REC'D BY LOCAL REG. JUL 27 1949
REGISTRAR'S SIGNATURE J. B. Sasaten
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe **ADDRESS** 2930 Dickson St

(Licensed Embalmer's Statement on Reverse Side)

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

1A-RAIL

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

working under my personal supervision.

Signed Arthur L. Hilliard

Signed .....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.