

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31852

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8215**

| | | | |
|---|-------------------------------|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Orla | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 25 yrs | | d. STREET ADDRESS (If rural, give location) 12 4646 Vernon Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Cora | | b. (Middle) | |
| | | c. (Last) Hooper | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1949 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 11/17/95 |
| 9. AGE (In years last birthday) 53 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) New Harmony, Indiana | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Lucas | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| | | 14. NAME OF HUSBAND OR WIFE Alfred Hooper | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| | | 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Anderson, 3132 Magazine | |
| | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis HEART DISEASE Antecedent Causes Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive, Arteriosclerotic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Congestion | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Orla, Orla, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| | | 21f. HOW DID INJURY OCCUR? Hit by car | |
| 22. I hereby certify that I attended the deceased from 9-7 , 19 49 , to 9-19 , 19 49 , that I last saw the deceased alive on 9-19 , 19 49 , and that death occurred at 8:25a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE James J. Sedwick (Degree or title) M. D. | | 23b. ADDRESS 2601 N. Whittier St | |
| | | 23c. DATE SIGNED 9-19-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/24/49 | |
| 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. SEP 23 1949 | | REGISTRAR'S SIGNATURE J. B. Lasater | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue | |
| | | ADDRESS | |

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.