

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 612

1000
1

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

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay | |
| c. LENGTH OF STAY (in this place) 87 | | d. STREET ADDRESS (If rural, give location) 118 W. Holden ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 118 W. Holden ave. | | d. STREET ADDRESS (If rural, give location) 118 W. Holden ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) L. c. (Last) Cooper | | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 6. 1952 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH August 16, 1864 | | 9. AGE (In years last birthday) 87 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | |
| 11. BIRTHPLACE (State or foreign country) Howard Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY? U | | 10b. KIND OF BUSINESS OR INDUSTRY | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME William Cherington | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Thomas | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Bauer 118 W. Holden ave. Lemay | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio Sclerosis ANTECEDENT CAUSES Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4500 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |

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|--|--|--|--|----------------------------|--|
| 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? | |
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22. I hereby certify that I attended the deceased from Feb 25, 1952, to March 6, 1952, that I last saw the deceased alive on 9:30 AM, 1952, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Paul E. Hawk D.O. | | 23b. ADDRESS 9603 S. Broadway | | 23c. DATE SIGNED 3-6-52 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE March 5, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Higbe, Missouri | |
| | | | | 24d. LOCATION (City, town, or county) (State) Higbe, Mo. | |

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| DATE REC'D BY LOCAL REG. 3-7-52 | | REGISTRAR'S SIGNATURE Herbert R. Donke MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister U. & L. Co. 7814 S. Broadway | |
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.

