

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14152

State File No. ....

FILED MAY 1 - 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3627**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3627</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. CITY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>26 804 Montgomery</b>			
3. NAME OF DECEASED (Type or Print) <b>MARSHALL</b>		a. (First)		b. (Middle) <b>RAYMOND</b>		c. (Last) <b>COOPER</b>	
4. DATE OF DEATH <b>4-16-52</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>10-9-1949</b>		9. AGE (In years last birthday) <b>2</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Marshall Cooper</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Cooper</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eva Cooper, 804 Montgomery</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon monoxide poisoning</b> suffered in fire in closet of home at 804 E Montgomery about 600pm April 16 1952. Cause due to (b) <b>undetermined cause</b> II. OTHER SIGNIFICANT CONDITIONS: <b>Damage to Bldg. \$50.00</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>contacts \$50.00</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no Accident</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo.</b>		E9160-16	
21d. TIME OF INJURY <b>apr 16 52 6<sup>00</sup> m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
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 <b>600</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick P. Taylor Cooper</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4.17.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>4-17-52</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Collinsville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>APR 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Chalmers Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schroepfel, Collinsville, Ill.</b> ADDRESS _____			

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

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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.....

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

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bert H. Murray*.....

Licensed Embalmer No. *4766*.....

P. O. Address *Stiles, Mo*.....

**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.