

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13313

State File No. 3947
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION People's Hospital			10. STREET ADDRESS (If rural, give location) 3838 Sullivan		
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) _____ c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954		
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1916		9. AGE (in years last birthday) 37 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Pullman Company	11. BIRTHPLACE (City and State or Foreign Country) Sandy, Texas		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Mary ?		14. NAME OF HUSBAND OR WIFE Ester Lee Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 459 28 7593	17. INFORMANT'S SIGNATURE OR NAME Ester Lee Cooper, 3838 Sullivan 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Appendix DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 Days
19a. DATE OF OPERATION 4-24-54	19b. MAJOR FINDINGS OF OPERATION Ruptured Gangrenous Appendix				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 550.1			
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? _____		
22. I hereby certify that I attended the deceased from 4-23, 1954 to 4-27, 1954 that I last saw the deceased alive on 4-27, 1954 and that death occurred at 11:10 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Mourne N. Little M.D.			23b. ADDRESS 3167 Sheridan Ave.		23c. DATE SIGNED 4-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE May 5, 1954	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAY 1 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Cooper ADDRESS 1221 N. Grand	

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
Georgetown Swann

Licensed Embalmer No. *4580*

P. O. Address *132 N. York*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**