

FILED DEC 17 1954

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42283

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 11057

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 town) ST. Louis	c. LENGTH OF STAY (in this place) 8 Yrs	c. CITY OR TOWN ST. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pepples Hospital 222I, Locust		e. STREET ADDRESS (If rural, give location) 4049, ST. Ferdinand 2119	

3. NAME OF DECEASED (Type or Print) a. (First) Essie	b. (Middle) Woodard	c. (Last) Cooper	4. DATE OF DEATH (Month) (Day) (Year) 11 - 30 - 1954
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5. SEX Female 3	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8 - 2 - 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days Hours Min. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Crawfordville / Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Ellison Woodard	13b. MOTHER'S MAIDEN NAME Pheoba Hutton	14. NAME OF HUSBAND OR WIFE Jessie Cooper
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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. 410-52-9952	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Cooper 4049, ST. Ferdinand
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic coma		INTERVAL BETWEEN ONSET AND DEATH 16 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma to liver		
	DUE TO (c) Carcinoma right breast		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X
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22. I hereby certify that I attended the deceased from 6/29, 1954 to 11/30, 1954, that I last saw the deceased alive on 11/30, 1954, and that death occurred at 3:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Williams, M.D.	23b. ADDRESS 4701 A St. Louis	23c. DATE SIGNED 12/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/6/54	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis Mo. Missouri
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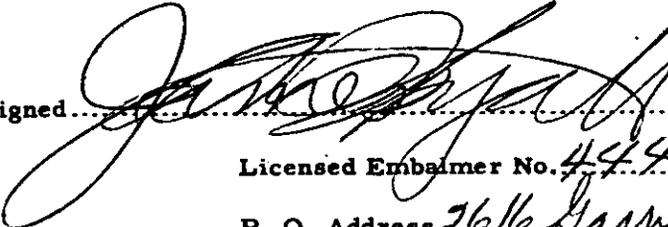
DATE REC'D BY LOCAL REG. DEC 4 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Houston 2616 No. Garrison Ave
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed ,
Licensed Embalmer No. 444
P. O. Address 2616 Garrison

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.