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FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19957**
4973
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>35 yrs</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Homer G. Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>25 1404 Blair Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Percy</i> b. (Middle) c. (Last) <i>Cooper</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>6 3 55</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-19-1920</i>
9. AGE (In years last birthday) <i>35</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis MO</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Robert Cooper</i>	
13b. MOTHER'S MAIDEN NAME <i>Malinda Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Single</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes War II</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Julia Williams</i>		ADDRESS <i>2911 Delmar Blvd</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Traumatic hemorrhage. Contrib: Deep in-		cut	
ANTECEDENT CAUSES		severing femoral artery, suffered when cut with knife in hands of one James Banks (Col.)		on Str.,	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		about 8:00 P.M., June 3, 1955.	
DUE TO (c)		HOMICIDE			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify): <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis MO.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 3 55 8Pm.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>As above</i> <i>E982X</i>	

22. I hereby certify that I attended the deceased from *June 3, 1955*, to *June 3, 1955*, that I last saw the deceased *live on June 3, 1955*, and that death occurred at *8:30* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>6/8/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-9-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>OAKDALE Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Lemay MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. G. Lowe</i>		ADDRESS <i>2930 Dickson St.</i>	

JUN 8 1955 (Licensed Embalmer's Statement on Reverse Side)

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..... *Leroy W. Bannister*

Licensed Embalmer No. *45*

P. O. Address *3880 Co*

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.