

FILED JUN 14 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

5013

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 25 809 N. 12th St. 22570			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		3. NAME OF DECEASED a. (First) LAWRENCE b. (Middle) A c. (Last) HOOPER		4. DATE OF DEATH (Month) (Day) (Year) May 24-1956	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 3-1879	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and State or Foreign Country) unknown	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME E. M. M. Hooper.		13b. MOTHER'S MAIDEN NAME Elizabeth Anderson	
13c. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. 498-01-8478	
17. INFORMANT'S SIGNATURE OR NAME J.C. Borouhgs Atlanta, Georgia		17. ADDRESS		17. ADDRESS	

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)		Gastric Hemorrhage				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUETO (b) Anterior Sclerosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUETO (c)				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 450:0			20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____ 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor <i>Patrick E. Taylor</i>		23b. ADDRESS Coroner 1300 Clinch		23c. DATE SIGNED 5/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-24-1956		24c. NAME OF CEMETERY OR CREMATORY Atlanta, Georgia	
24d. LOCATION (City, town, or county) (State)		24d. LOCATION (City, town, or county) (State)		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. MAY 24 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	
				ADDRESS 7233 Delmar Blv'd.	

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..... *Clarence H. Murr*

Licensed Embalmer No. *49*

P. O. Address *St. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.