

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14571

FILED APR 26 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3680**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis		a. STATE Mo.	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		c. CITY OR TOWN St. Louis	
01 HOSPITAL OR INSTITUTION 4607 Pope St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		4607 Pope St.	

3. NAME OF DECEASED (Type or Print) Jesse		a. (First) F		b. (Middle) Cooper		c. (Last) Sr.		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 31 1896		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Auto Repair		11. BIRTHPLACE (City and State or Foreign Country) Omaha Neb.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Albert Cooper		13b. MOTHER'S MAIDEN NAME Nellie Ferrin		14. NAME OF HUSBAND OR WIFE Helen G. Cooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 1-96-18-1311		17. INFORMANT'S SIGNATURE OR NAME Helen G. Cooper	
				ADDRESS 4607 Pope St.	

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) Coronary Occlusion		ANTECEDENT CAUSES		Immediate	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. None		420.1	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 1-10, 1955 to 4-15, 1957, that I last saw the deceased alive on 4-10, 1957, and that death occurred at 8:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jos. P. Berman M.D.		(Degree or title)		23b. ADDRESS 1225 - No. Grand		23c. DATE SIGNED 4-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/18/57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL HEALTH DEPT. APR 17 '57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kinealy		ADDRESS 2228 St. Louis Ave.	
---	--	--	--	--	--	-----------------------------	--

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 *Hadley J. Muller*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.