No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18553

BIRTH NO. 17680-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1960

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 14 Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton - 23 4000
d. STREET ADDRESS (If rural, give location) 27 5518 Heege Road.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle)
c. (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year) 2 - 25 - 57

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH 2 - 25 - 57

9. AGE (In years last birthday) If under 1 year: Months, Days; If under 24 hrs.: Hours 2, Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Francis Cooper

13b. MOTHER'S MAIDEN NAME Ethel Doris Diedrich

14. NAME OF HUSBAND OR WIFE

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert F. Cooper, 5518 Heege Rd. Affton Mo. 23

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) Immaturity incompatible with life — INTERVAL BETWEEN ONSET AND DEATH: 2 hr 27 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 776+

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 1957, *to* 2-25, 1957, *that I last saw the deceased alive on* 2-25, 1957, *and that death occurred at* 5:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Mitchell Young MD

23b. ADDRESS 201 S Central Clayton

23c. DATE SIGNED 2-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/27/57

24c. NAME OF CEMETERY OR CREMATORY SS-PETER-&-PAUL-CEM.

24d. LOCATION (City, town, or county) (State) St. Louis, MO.

DATE REC'D BY LOCAL REG. FEB 27 '57

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOYDELL FUNERAL HOME-1926 ALLEN AVE

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed George J. Swoboda Jr.

Licensed Embalmer No. 4889

P. O. Address 1926 Allen Ave

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 this body is not embalmed, fact should be so stated above.