

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH33366  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8609

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 13 <sup>1</sup> / <sub>2</sub> STREET ADDRESS 6460 Smiley Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last REUBEN COOPER		4. DATE OF DEATH Month Day Year Sep. 13 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-General Paper Stock Co.		10b. KIND OF BUSINESS OR INDUSTRY Paper Stock Co.	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Cooper		14. MOTHER'S MAIDEN NAME Mary Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No None		16. SOCIAL SECURITY NO. 488-03-8830	17. INFORMANT Richard H. Cooper
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolism</i> DUE TO (b) <i>Thrombosis - left femoral artery</i> DUE TO (c) <i>Arterio sclerosis - generaliz'd</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. few days at least 10 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 450.0	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sep. 11-1957 to Sep. 13-1957 and last saw her alive on Sep. 12-1957 Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. G. Newman M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 9-13-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sep. 16, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.	
24. FUNERAL DIRECTOR Kriegshauser		25. DATE RECD. BY LOCAL REG. SEP 13 '57	
26. ADDRESS 4228 S. Kingshighway		26. REGISTRAR'S SIGNATURE Carl Smith MO	

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William C White* .....

Licensed Embalmer No. *122*

P. O. Address *122 1/2 St. ...*

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