

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

State File No. **37310**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9452**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>E. St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>34 HOSPITAL OR INSTITUTION St. Mary's Infirmary</b>			e. STREET ADDRESS (If rural, give location) <b>32 4618 Market</b>		
3. NAME OF DECEASED a. (First) <b>Remus</b> b. (Middle) <b>-</b> c. (Last) <b>Cooper</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-7-57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10-7-57</b>	9. AGE (in years last birthday)	10. UNDER 1 YEAR Months <b>1</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>Eddie Cooper</b>		13b. MOTHER'S MAIDEN NAME <b>Olivia Hayes</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Olivia Cooper</b> ADDRESS <b>4618 Market E.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intrauterine pneumonia.</b>			ANTECEDENT CAUSES 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 <b>763.0</b>			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 <b>10/7/1957</b> to <b>10/7/1957</b> that I last saw the deceased alive on <b>10/7/1957</b> , and that death occurred at <b>6:45 AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert J. McD</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>603 So 42nd</b>		23c. DATE SIGNED <b>10-7-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/8/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Centreville Township, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>OCT 10 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marion's Office 2114 Mo. Ave. East St. Louis, Ill.</b>	

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

**m8B.** (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben H. Baldwin*.....

Licensed Embalmer No. *242*.....

P. O. Address *771 N. 26*.....

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.