

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016264

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED APR 23 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 805

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Missouri		c. CITY OR TOWN St. Louis 2069	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital		d. STREET ADDRESS (If outside, give location) 3421 Williams Place	
3. NAME OF DECEASED (Type or print) First Middle Last Mack Cooper		4. DATE OF DEATH Month Day Year March 23, 1959	
5. SEX male 0	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 11-29-99
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman	11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Cooper	
13b. MOTHER'S MAIDEN NAME Julia Davidson		14. NAME OF HUSBAND OR WIFE Hazel 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. 497-09-1638	
17. INFORMANT Hospital record		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subacute hepatitis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			002X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis; segmental resection left upper 12-12-58, followed by many blood transfusions.			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-2-58 to 3-23-59 and last saw him alive on 3-23-59 Death occurred at 4:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benedict Suedmer M.D.		22b. ADDRESS Koch, Missouri	
		22c. DATE SIGNED 4-12-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-26-59	
23c. NAME OF CEMETERY OR CREMATORY St. MATTHEWS		23d. LOCATION (City, town, or county) (State) ST LOUIS MO	
24. FUNERAL DIRECTOR McLAUGHLIN'S		25. DATE RECD. BY LOCAL REG. 3-25-59	
ADDRESS 2301 LAFAYETTE		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed.

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

Licensed Embalmer No.

P. O. Address

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.