URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-041700
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210899

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Enr. Homer G. Phillips
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: Saint Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1321 N. Garrison Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Fred; Middle: NMN; Last: Cooper

4. DATE OF DEATH: Month: 11; Day: 21st; Year: 59

5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-21-1927
9. AGE (last birthday): 32
IF UNDER 1 YEAR: Months: 9; Days: 1
IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Albert Cooper
13b. MOTHER'S MAIDEN NAME: Gertrude McCollum
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.: ?
17. INFORMANT: Gertrude Hall
Address: 2951 Sheridan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage caused by a Bullet
DUE TO (b) Wound in the Left chest going
DUE TO (c) through the Lung and exit
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — out of the same lung posteriorly
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the underlying disease condition given in PART I (a): Victim was in liquor store of Roosevelt Williams
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.): Tavern at 1310 North Garrison
20c. TIME OF INJURY: Hour 1030 p.m.; Month, Day, Year 11-21-59 1959. about 10 30 pm., November 21st
981X
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
20f. CITY, TOWN, OR LOCATION: St Louis Mo
COUNTY
STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1045 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or title): Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-26-59
23c. NAME OF CEMETERY OR CREMATORY: Philadelphia Cemetery
23d. LOCATION (City, town, or county) (State): Prattsville, Arkansas

24. FUNERAL DIRECTOR: Ellis Funeral Home
ADDRESS: 2820 Stoddard Street
25. DATE RECD. BY LOCAL REG.: NOV 25 1959
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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