

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024413

FILED VS JUL 1 1960

318 Primary Registration District No. 1003

6387

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b <i>19 hrs 53 min</i>	c. CITY OR TOWN <i>ST LOUIS 10</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CHRISTIAN Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4229 D-Co</i>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Cooper</i>			4. DATE OF DEATH Month Day Year <i>6 19 '60</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-19-60</i>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days <i>19 53</i>	IF UNDER 24 HR Hours Min. <i>19 53</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>ST. LOUIS, MISSOURI</i>	11. BIRTHPLACE (City and state or country) <i>USA</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Leon Cooper</i>	13b. MOTHER'S MAIDEN NAME <i>Carlene M. Gilliland</i>	14. NAME OF HUSBAND OR WIFE <i>Leon Cooper</i>
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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 <i>Leon Cooper</i>	Address
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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>Drenaturia</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <i>776x</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <i>6-19-60</i> to <i>6-19-60</i> and last saw her/him live on <i>6-19-60</i> Death occurred at <i>10 P.m</i> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph P. [Signature]</i> (Degree or title)	22b. ADDRESS <i>3400 N. Kuyper [Signature] ST Louis</i>	22c. DATE SIGNED <i>6/20/60</i> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-30-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc</i> ADDRESS <i>4104-06 Manchester</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 23 1960</i>	26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

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 _____
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.