

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35263

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 10442  
St. .... Ward)

**2. FULL NAME**

Marion B. Lloyd Cooper

(a) Residence. No. 5844 Cabanne Ave. St. 6 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. L. Cooper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-23-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 | 1 | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed (or employee) at home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... Wilmington Delaware  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Joseph Lloyd  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Philadelphia Penn.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Beulah Valentine  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... New York New York  
(STATE OR COUNTRY)

14. INFORMANT Mrs. M. B. L. Cooper  
(Address) 5844 Cabanne Ave.

15. FILED 74 22 1927 Max G. Starosoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from 1915, to Nov 21, 1927 that I last saw h. or alive on Nov 20, 1927 and that death occurred, on the date stated above, at 1011 S. A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis Chronic  
930

CONTRIBUTORY at home (duration) yrs. mos. ds.  
Arterio-sclerosis

(SECONDARY) at home (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Wm. Moore M.D.  
, 19 (Address) Wall Bldg. 17th St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Calvary Cem. DATE OF BURIAL Nov 23 1927

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Harry Miller  
3403 Ocean  
Hale 1908 g.