

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

Do not use this space.

14443

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, (No. St. John's Hospital, St. Ward)

**2. FULL NAME**

Cyril O. Cooper,  
 (a) Residence, No. 6722 Mitchell av., St. 4 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1903-1-20

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
29 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician, 32  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) 2

FATHER 13. NAME James H. Cooper,

14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Dufner,

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Milfred Beasley, Verdun, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Verdin, Ill. DATE 4/19/32, 19..

19. UNDERTAKER (ADDRESS) Robert J. ... Verdun, Ill.

20. FILED 19 1932 Registrar. John C. ...

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/32, 19..

22. I HEREBY CERTIFY, That I attended deceased from 4/17/32, 19.., to 4/18/32, 19..

I last saw him alive on 4/18/32, 19.. Death is said

to have occurred on the date stated above, at 11:15 A.

The principal cause of death and related causes of importance were as follows:

Ulcer stomach perforated  
11/17/32

Other contributory causes of importance:

Admission Disease

Name of operation none Date of 4/18/32

What test confirmed diagnosis? Post mortem Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Phillips N. Davis, M. D.

(Address) Mo. Theater Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

