

NOV 16 1938

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

34249

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
(b) Township..... Primary Registration District No.....
(c) City **ST LOUIS** (d) Street No. **5661 CABANNE** Registered No. **9235**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **LYA, MATHIE, COOPER.**

(a) Residence, No. **5661 CABANNE** St. **5**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 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) **AUG 15TH 1903**
7. AGE YEARS **35** MONTHS **2** DAYS **9.** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO. 6**13. NAME **EDMOND J COOPER.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ENGLAND 4**15. MAIDEN NAME **JULIA KEARNEY.**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO 5.**17. INFORMANT **MISS BLANCH COOPER.**
(ADDRESS) **5661 CABANNE**18. BURIAL, CREMATION, OR REMOVAL
PLACE **CALVARY.** DATE **OCT 26 1938**19. FUNERAL DIRECTOR (NAME) **L.M. MULLEN**
(ADDRESS) **5765 DELMAR BLYD.**20. FILED **OCT 25 1938** **J. Predec**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 24 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17th 1938**, to **October 23rd 1938**
I last saw h. or alive on **October 23rd 1938** Death is said to have occurred on the date stated above, at **9:00 A.M.**
The principal cause of death and related causes of importance were as follows:

**Rheumatic Heart Disease,
Mild Stenosis Aortic Regurgitation**

Date of onset

Other contributory causes of importance:

Subacute bacterial endocarditis, 6 mos

Name of operation..... Date of.....

What test confirmed diagnosis? **usual** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** 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? **4**

If so, specify.....

(Signed) **Julius J. [Signature]** M. D.(Address) **3720 Washington Ave. St. Louis**

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

Registered Apprentice No....., working under my personal supervision.

Signed *Howard G Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis, Mo*

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 this body is not embalmed, above space should be left blank.