

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

8604
Do not use this space.

2369

1. PLACE OF DEATH **ADD 12 1939**

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City **St. Louis** or (d) Street No. **Homer Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da **1 hour** How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **160 Arthur Cooper**
 (a) Residence, No. **Edwards & Taylor** St. **NR Maryland Heights, Missouri**
 (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 --- 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Dan Cooper**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Annie Clark**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Evelyn Hilliard
2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **March-13, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Garyer Funeral Home
2829 Washington Blvd**

20. FILED **MAR 13 1939** **J. B. Brueckner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 10, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 20, 1939, to March 10, 1939**

I last saw h. im alive on **March 10, 1939**. Death is said to have occurred on the date stated above, at **12:01 m. 8.m.**
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset **2/20/39**

Other contributory causes of importance:
Pulmonary edema } *non tubercular*
as pneumonia

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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?
 If so, specify
 (Signed) **H. G. Lyman** M. D.
 (Address) **2601 N Whittier**

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

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 *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

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.