

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D SEP 7 1939
Registration District No. 7894

Primary Registration District No. 106

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
410 Filmore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether)

In this community 16 years
years, months or days

3. (a) PRINT FULL NAME Jesse Cooper

3. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Ella Cooper

6. (c) Age of husband or wife if alive 20 years
(Month) (Day) (Year)

7. Birth date of deceased 3 20 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	4	13	✓	hr.	min.
----	---	----	---	-----	------

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business 9

MOTHER FATHER { 12. Name Not known

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Cooper

(b) Address 410 S. Filmore

17. (a) Father Dickson (b) Date thereof Aug. 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J.C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) AUG 5 1938 (b) P. Omege
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 410 Filmore
(If rural, give location)

(e) If foreign born, how long in U. S. A. 16 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 - 1939
year 1939 hour 8:30 minute 0 M

21. I hereby certify that I attended the deceased from May 5 1939, 1939, to Aug 27, 1939
and that death occurred on the date and hour stated above.

that I last saw him alive on Aug 2, 1939

Immediate cause of death Ch. Myocarditis Duration

Due to Chronic nephritis

Due to 131

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: Of operations ---

Of autopsy ---

PHYSICIAN ---
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? ---
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work --- (Specify type of place) (e) Means of injury ---

28. Signature J. L. Taylor (M. D. or other) ---

Address 213 E. 3rd St. Date signed 8/3/39

