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

Do not use this space.

781

FEB 17 1940

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hosp. St. 6 Ward)

File No. 781

Registered No. 781

2. FULL NAME Joseph Cooper

(a) Residence, No. 5218a Northland St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Cooper Ave. (Unk)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1878

7. AGE: YEARS 61 | MONTHS 4 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Army, Navy

10. Date deceased last worked at this occupation (month and year) No Social Security

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

FATHER

13. NAME Moses Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER

15. MAIDEN NAME Eva (unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT (ADDRESS) Morrie Cooper 7474 Cromwell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chesed Shel Emoth DATE 1/26/40

19. UNDERTAKER (ADDRESS) H. B. BERGER 4715 McPHERSON

20. FILED JAN 26 1940 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1940 to 1/25, 1940

I last saw him alive on 1/25, 1940 Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Coronary Thrombosis + acute Cerebral embolus, rt. Hemiplegia, left.

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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) Alfred Goldman, M. D.

(Address) 634 No Grand.

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.

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License No. 1597 .....