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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4442
Registrar's No. 1272

Registration District No. 791 Primary Registration District No. 1003

FILED MAR 1 1940

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Jennie Cooper

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♀ 5. Color or race N. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Vernon Cooper 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov 8 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jonathon White

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

14. Maiden name Edna Westerman 15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant W Cooper

(b) Address 28 Clara Ave Webster Groves Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Illinois

18. (a) Signature of funeral director Thompson General Home Inc

(b) Address Webster Groves Mo

19. (a) FEB 8 1940 (Date received local registrar) (b) J. F. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Webster Groves NR
(If outside city or town limits, write "RURAL")
(d) Street 28 Clara Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8, year 1940 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from February 6, 1940 to February 8, 1940 that I last saw her or alive on February 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 3 days

Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions Hypertension (include pregnancy within 6 months of death) year

Major findings: Of operations _____

Of autopsy _____

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 ↑

23. Signature Walter Ford (M. D. or other) _____
Address 1515 Lafayette Date signed 2/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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