

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26202

Registration District No. 7500

Primary Registration District No. 200

Registrar's No. 1382

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis CARSONVILLE  
 (c) Name of hospital or institution:  
8720 Alva Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis CARSONVILLE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8720 Alva Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles O. Cooper 160  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-09-1089

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Clara M. Cooper 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased Feb. 22 1895  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 4 28 hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles E. Cooper  
 13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Emma Campbell  
 15. Birthplace Penn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara M. Cooper  
 (b) Address 8720 Alva Ave.

17. (a) Burial (b) Date thereof 7-27-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Drehmann-Harral  
 (b) Address 1905 Union Blvd.

19. (a) JUL 26 1940 (b) D.R. Meyer M.D.  
 (Date received local registrar) (Registrar's signature) A.K.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 25  
 year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 20, 1939 to July 25, 1940  
 that I last saw him alive on July 24, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Syphilitic myocarditis and endocarditis.

Due to \_\_\_\_\_  
 Other conditions None 34  
 (Include pregnancy within 3 months of death)

Major findings: None performed  
 Of operations \_\_\_\_\_

Of autopsy None performed

Duration \_\_\_\_\_  
 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? \_\_\_\_\_

707  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 3258 Lafayette Ave. Date signed 7-26-40

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

13258 Kofa per East  
9-1-12

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**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.....

*Warren A. Cowler*

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**