

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9312**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2722**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

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

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Baby Cooper**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** race **Negro**

5. Color or divorced.....

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

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

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **3-13-41**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				2 hrs 5 min

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

12. Name **Lonnie Cooper**

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

14. Maiden name **Rosetta Holt**

15. Birthplace **Trenton Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father Mayo Sherard**

(b) Address **2601 N. Whittier**

17. (a) **burial** (b) Date thereof **3-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **W. Hamilton**

(b) Address **City Health Dept**

19. (a) **MAR 26 1941** (b) **J. J. Brodbeck**
(Date received legal registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **630 N. Leona**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **13**
year **41** hour **5:30** minute **30** P. M.

21. I hereby certify that I attended the deceased from **3-13-1941** to **3-13-1941**; that I last saw him alive on **3-13-1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Atelectasis**

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **As above**

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 **D**

23. Signature **W. E. Pease** (M. D. or other) **3-24-41**
Address **2601 N. Whittier** Date signed

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.