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4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26541

D SEP 3 1943 318

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2635

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
(Specify whether
 In this community 7 or 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 8858 Ladue Rd.
(If rural, give location)
 (e) Citizen of foreign country?..... NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Willie Mae Cooper
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23, year 43 hour 7 minute 45 P. M.
 21. I hereby certify that I attended the deceased from Aug. 12 to Aug. 23, 1943, that I last saw her alive on Aug. 23, 1943, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Free Man Cooper
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 25 1892
(Month) (Day) (Year)

Immediate cause of death Artemic Coma
Chronic Nephritis
 Due to.....
 Due to.....

8. AGE: Years Months Days If less than one day
50 7 28 hr. min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

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

10. Usual occupation Maid

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

15. Birthplace Atlantic Va.
(City, town, or county) (State or foreign country)

16. (a) Informant C. F. Watterton

(b) Address 8858 Ladue Rd. Clayton

17. (a) Wash. Park (b) Date thereof 8 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director Boyd Bros.

(b) Address 3704 Finney

19. (a) 16 25 43 (b) J. F. Blasek
(Date received local registration) (Registrar's signature)

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.....
 23. Signature W. A. Young (M. D. or other)
 Address 2376 Market Date signed.....

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2119

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.