

FILED JAN 5 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1401 Wright St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur Cooper
 3. (b) If veteran, name war No 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Margaret C. Cooper 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased May 7, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 26th
 year 1944 hour 5:55 minute A M.
 21. I hereby certify that I attended the deceased from 12/24/44
 _____, 19____, to 12/26/44, 19____;
 that I last saw h. im alive on 12/26/44, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 7 Days 19 If less than one day
 hr. _____ min. _____

Immediate cause of death
Rheumatic Heart Disease
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 95
 Major findings:
 Of operations _____
 Of autopsy none

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Grocer Clerk

11. Industry or business
 12. Name Arthur Harry Cooper
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Ida May Johnson
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Everett E. Cooper
 (b) Address 710 S. Main St. DeSoto, Mo.

17. (a) Burial (b) Date thereof Dec. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Cemetery

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? _____

18. (a) Signature of funeral director Calvin F. Feutz
 (b) Address 4828 Natural Bridge Blvd.
 19. (a) DEC 28 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) Means of injury 0
 23. Signature J. J. Stout 12/29/44 other _____
 Address 1515 Lafayette 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.....

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

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.