S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39246

FILED JAN 5 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1176

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: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 0mo. 11ds. (Specify whether years, months or days) In this community 16 yrs. 0

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. ~~3232 Rutger St.~~ City Sanitarium (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPHINE COOPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 3

5. Color or race col

6. (a) Single, widowed, married, divorced Sgl. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 10 Days 16 If less than one day hr. min.

9. Birthplace not known (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Laundress

11. Industry or business

FATHER 12. Name Dennis Williams

13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Cecelia Nance

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Ziegler

(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. Ruhter

(b) Address 3500 Rutger St

19. (a) DEC 23 1944 (Date received local registrar) J. F. Bruscke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1944 hour 6.40 minute A M.

21. I hereby certify that I attended the deceased from Dec 6, 1943 to Dec 17, 1944, that I last saw her alive on Dec 17, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~	
General Paresis	10yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Anthony K. Burch (M. D. or other)

Address 5400 Arsenal St Date signed 12/27/44

(Licensed Embalmer's Statement on Reverse Side)

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.