

S. No. 2
M-5-43
5-17-39
I X38671

FILED MAY 12 1948

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4046

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-weeks
(Specify whether years, months or days)

In this community 3-weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6253 Cates Ave.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 5

3. (a) PRINT FULL NAME Ann Cooper

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced 2 W.

6. (b) Name of husband or wife Lloyd Cooper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9th., 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th., year 1945 hour 12 minute 20 a. M.

21. I hereby certify that I attended the deceased from 3/13/45, 1945, to May 6, 1945, that I last saw her alive on 5/6/45, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Liver

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

Duration 3 mo

Due to ✓

Due to ✓

Other conditions 467
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: ✓
Of operations _____

Of autopsy ✓

11. Industry or business _____

MOTHER FATHER { 12. Name Martin J. Duddy

{ 13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Murphy

{ 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

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? ✓

16. (a) Informant Miss Lloyds Cooper

(b) Address 6253 Cates Ave.

17. (a) Burial (b) Date thereof May 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathedral of the Holy Spirit

23. Signature Chas Miller (M. D. or other) ✓
(Specify type of place) (e) Means of injury

Address 408 Humboldt Bldg Date signed 5/7/45

18. (a) Signature of funeral director Arthur J. Connelly

(b) Address 3840 Lindell Blvd.

19. (a) MAY 7 1945 (b) J. F. Bredack
(Date received local registration) (Registrar's signature)

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.