

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

14610

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No.

3569

Registration District No.

318

Primary Registration District No.

1004

Registrar's 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:
3302 Delmar Blvd 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3302 Delmar (If rural, give location) 219
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leonard Cooper

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-4234

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zephyr 6. (c) Age of husband or wife if alive W years
7. Birth date of deceased Nov 14th 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Shiloh Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business _____

12. Name Morris Carr

13. Birthplace Shiloh Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ella Green

15. Birthplace Shiloh Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Anna Cooper

(b) Address 119 N. Ewing Ave

17. (a) Burial (b) Date thereof 4-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director J. H. Randle and Son

(b) Address 3133 Bell Ave

19. (a) APR 18 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from April 10 to April 13, 1946
that I last saw him alive on April 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Hypertension
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 8 1/2

Major findings: Of operations _____
Of autopsy _____

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) no
(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) (c) Means of injury _____
23. Signature L. B. Howell (M. D. or other) _____
Address 2908 N. 4th Date signed 4-15-46

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

135310

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. *2498*

P. O. Address. *2769 Route*

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.