No. 300
I—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30920

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8206

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days 14 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Coles
(c) City or town Mattoon 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Marion Cooper
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Unavailable
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 5 (Day) 1870 (Year)
8. AGE: Years 70 Months 11 Days 11 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business Black Smith
FATHER 12. Name Louis D. Cooper
FATHER 13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Elizabeth Thomas
MOTHER 15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Harry C. Cooper
(b) Address Mattoon, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation McLeansboro, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 20 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1948 hour 7 minute 55 P.M.
21. I hereby certify that I attended the deceased from September 11, 1948 to September 16, 1948 that I last saw him alive on September 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Ulcers, gastric (two)	
Due to Hypertensive cardiovascular disease	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	5 days

Major findings:
Of operations
Of autopsy As above

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 H. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 9/17/48

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Deeterle

Licensed Embalmer No. 4329.

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.