

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **24663**
Registrar's No. **6000**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6000	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hosp				d. STREET ADDRESS (If rural, give location) 380 N Taylor			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) M c. (Last) Cooper			4. DATE OF DEATH (Month) (Day) (Year) July 12 1950				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 24 1873		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 6 mos. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Salesman		10b. KIND OF BUSINESS OR INDUSTRY Society Club Notes		11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr E S Cooper		13b. MOTHER'S MAIDEN NAME Marian L Land		14. NAME OF HUSBAND OR WIFE Amelia Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm J Cooper		ADDRESS 380 N Taylor	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertrophy of Prostate Gland ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 years 1 year	
19a. DATE OF OPERATION May 16/50		19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate Gland				20. AUTOPSY? NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6/10X			
22. I hereby certify that I attended the deceased from Dec 22, 1949 , to July 12, 1950 , that I last saw the deceased alive on July 11, 1950 , and that death occurred at 7 a m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph E. Glenn, M.D. (Degree or title)				23b. ADDRESS 958 Arcade Bldg		23c. DATE SIGNED July 12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 14 1950	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. 7/12/50		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE A. Alexander & Sons ADDRESS 6175 Delmar			

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

Dr Joe Glenn
Arcade Bldg
Ch 7040

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joe E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6175 Delaware

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.