

6308

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1220

No. 300  
10.48

FILED MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2229</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>1818 LaSalle</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LETA</b>		b. (Middle)		c. (Last) <b>COOPER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 6, 1952</b>	
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1896</b> <b>Sept 19 1896</b>		9. AGE (In years last birthday) (Month) (Day) (Hours) (Min.) <b>55 63</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Georgia</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

13a. FATHER'S NAME <b>William Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wise</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Cooper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Mayor, 1625 Belmont, St. Louis</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalopathy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>234X</b>	

22. I hereby certify that I attended the deceased from **1-27-52**, 19\_\_\_, to **2-6-52**, 19\_\_\_, that I last saw the deceased alive on **2-6-52**, 19\_\_\_, and that death occurred at **2:00P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>John T. Lawton</i>		(Degree or title) <b>M.A.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>2-6-52</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-9-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	

DATE REC'D BY LOCAL REG <b>FEB 8 1952</b>		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin's, 2301 Lafayette, St. Louis, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer, No. 13

Student Embalmer, No. 13

**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

*H. G. Farris*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.