

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13312**  
Registrar's No. **3297**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>San Antonio</b>	
c. LENGTH OF STAY (If this place) <b>1 day</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>450 Genesee Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herschel</b> b. (Middle) <b>Harber</b> c. (Last) <b>Cooper</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1894</b> <b>July 13, 1894</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Geologist</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DuBois County, Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Gifford Asa Cooper</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Ellen Marshall</b>		14. NAME OF HUSBAND OR WIFE <b>Nella Taylor Cooper</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I Navy</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. Orrion Miller St. Louis, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____</p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, habit, or complication which caused death.</i></p>		<p>DUE TO (b) <b>Chronic Myocarditis</b></p> <p>DUE TO (c) <b>Arterio Sclerosis</b></p>	
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>	
		<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
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) <b>422.1</b>			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>400A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>4/14/54</b>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <b>Apr 13, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>San Antonio, Texas</b>	
DATE REC'D BY LOCAL REG. <b>APR 14 1954</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>C.R. Lupton &amp; Sons 7233 Delmar Blvd</b>	

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4611*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.