

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29391**
Registrar's No. **1997**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH a. COUNTY SAINT LOUIS:		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. COUNTY ST. LOUIS:	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD, MISSOURI.		c. CITY OR TOWN KIRKWOOD 4703	
c. LENGTH OF STAY (in this place) 25 yrs		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: 711 SOUTH KIRKWOOD ROAD		e. STREET ADDRESS (If rural, give location) 711 SOUTH KIRKWOOD ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) MEE	c. (Last) COOPER	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 16 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 5 1864	9. AGE (In years last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME JOHN M. COOPER	13b. MOTHER'S MAIDEN NAME SARAH VALENTINE	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS GEORGE E. MELLOW	ADDRESS 69 FAIR OAKS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Aortic athero-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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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
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22. I hereby certify that I attended the deceased from Sept 1953, to Aug 16, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at 12:25 PM., from the causes and on the date stated above.

23a. SIGNATURE George E. Mellow M.D.	23b. ADDRESS 4952 Maryland	23c. DATE SIGNED Aug 17, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE AUG 18/54	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	24d. LOCATION (City, town, or county) (State) SAINT LOUIS, MISSOURI.
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DATE REC'D BY LOCAL REG. 8/17/54	REGISTRAR'S SIGNATURE Hebe...	25. FUNERAL DIRECTOR'S SIGNATURE R. LUPTON & SONS	ADDRESS 7233 DELMAR BLV'D.
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WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *3865*.....

P. O. Address *St. Louis, Mo.*.....

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.