

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32648

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2326

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before addition). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carsonville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carsonville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>4411 Carson Rd.</u>	

3. NAME OF DECEASED (Type or Print) Lucy Cooper

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Oct. 3rd. 1954

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 1st, 1868 9. AGE (In years last birthday) 86

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At-home

11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Davis 13b. MOTHER'S MAIDEN NAME Ann Collins 14. NAME OF HUSBAND OR WIFE Chas. R. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Sothman ADDRESS 4548 N. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease

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. De compensation Cardiac

INTERVAL BETWEEN ONSET AND DEATH Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES 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) St. Louis (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 9, 1954, to Oct 3, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD (Degree or title) 23b. ADDRESS 8231 Clayton Rd (17) 23c. DATE SIGNED 10/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 10/5/54 24c. NAME OF CEMETERY OR CREMATORY Valhalla 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 10/4/54 REGISTRAR'S SIGNATURE Helen Sothman 25. FUNERAL DIRECTOR'S SIGNATURE Raeger ADDRESS Funeral Dir. 3402 N. Kingshighway

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

7000
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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~~ *Me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Esy W. Wilkinson*

Licensed Embalmer No. *3575*

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 this body is not embalmed, fact should be so stated above.