

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022790

FILED JUL 2 1959 Registration District No. _____ Primary Registration District No. _____ STATE FILE NUMBER 2 5934 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9769 Riverview		Length of stay in 1b.	d. STREET ADDRESS (If outside, give location) 9769 Riverview
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last ROY FRANK COSPER	4. DATE OF DEATH Month Day Year Jun 22 1959
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 10, 1889	9. AGE (In years birth day) 69	F UNDER 1 YEAR Months Days Hours Min. 0 12	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic mgr	10b. KIND OF BUSINESS OR INDUSTRY Chem. Industry	11. BIRTHPLACE (City and state or country) St Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Frank Cosper	13b. MOTHER'S MAIDEN NAME Ella Peters	14. NAME OF HUSBAND OR WIFE Ada May Cosper
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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. 493-70-7343	17. INFORMANT Owen Cosper, son	Address 8550 N. Broadway
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion - Arteriosclerotic heart disease - Prostate Carcinoma - Metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1/200H	INTERVAL BETWEEN ONSET AND DEATH 5 minutes ? years 2 yrs.
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) u
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to time of death _____ and last saw her alive on 6/19/59 Death occurred at 8 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles H. Duden M.D.	(Degree or title) M.D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 6/22/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 25, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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24. FUNERAL DIRECTOR C R. Lupton and sons	ADDRESS 7233 Belmar	25. DATE RECD. BY LOCAL REG. JUN 23 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D. 219.13
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Carroll H. Murray*

Licensed Embalmer No. *4011*
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.