MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-010612
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2150

FILED VS MAR 16 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 6 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Children's — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4241 Grace — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Janet — Middle: Ruth — Last: Cooper

4. DATE OF DEATH: Month: 3- Day: 2 Year: 61

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-13-49

9. AGE (last birthday): 11½ years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Kenneth Cooper

13b. MOTHER'S MAIDEN NAME: Nancy Holmes

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT: Mary Ritter — Address: 500 S Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Tetrology of Fallot c̄ large

DUE TO (c): Communicating IASD & IVSD — Post op repair

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 754.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-25-61, to 3-2-61 and last saw her/him alive on 3-2-61

Death occurred at 11:31 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugenia M Pierce, M.D.

22b. ADDRESS: Childrens Hospital

22c. DATE SIGNED: 3-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 3-6-61

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Jeff. Brks., Mo.

24. FUNERAL DIRECTOR — ADDRESS: Southern Funeral Home, 6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 3 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 David Van Fossan.

Licensed Embalmer No. 4242

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.