

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041317

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10966** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 40033	
3 2	
4 1	
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12 86-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

86

USE BLACK INK OR TYPEWRITER RIBBON

FILED NOV 15 1963	
1. PLACE OF DEATH a. COUNTY Missouri b. CITY OR TOWN St. Louis	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
c. CITY OR TOWN Kirkwood	
d. STREET ADDRESS 516 So. Holmes	
3. NAME OF DECEASED First Middle Last ALICE E COOPER	
4. DATE OF DEATH November 4, 1963	
5. SEX female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26/1875
9. AGE (last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired off. secretary
11. BIRTHPLACE (City and state or country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Dr. Edward Cooper	13b. MOTHER'S MAIDEN NAME Marion B. Lloyd
14. NAME OF HUSBAND OR WIFE none	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT Mrs. T.R. Kretzschmar, 516 So. Holmes Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atherosclerosis Head Artery</i> DUE TO (b) <i>Generalized Atherosclerosis</i> DUE TO (c) <i>Eye</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour Month, Day, Year	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	
21. I attended the deceased from June 1963 to Nov 4/63 and last saw her alive on Oct 31/63 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS 4924 Groves
22c. DATE SIGNED 11/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/6/63
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 3620 Chippewa St.	25. DATE RECD. BY LOCAL REG. NOV 6 1963
26. REGISTRAR'S SIGNATURE [Signature]	

Dr. Walter Rohlfing

4742 Gravois Avenue

HO 1-1456 11:15 to 12:30 AM

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 *Walter Rohlfing*

Licensed Embalmer No. 7520
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.