MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: 63-041318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11024

FILED NOV 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2; INSTEAD OF; SHOULD READ; ITEM NO.; BY AFFIDAVIT OF; DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Incarnate Word Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2126 Sidney — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Myrtle — Middle — Last Cooper
4. DATE OF DEATH: Month Nov. Day 6 Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/18/88
9. AGE (last birthday): 75 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Offalon Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Simpson
13b. MOTHER'S MAIDEN NAME: Hanna Blockett
14. NAME OF HUSBAND OR WIFE: Frank (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of se
17. INFORMANT: Neville Ens — Address: 2652 Gravois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Posterior infarction — INTERVAL BETWEEN ONSET AND DEATH: present 11-6-63
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio-Vascular disease — present
DUE TO (c): with decompensation — 11-6-63

OK Hlent Tay 11-7-63 Coroner

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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 11-6-63, to 11-6-63 and last saw her/him alive on 11-6-63
Death occurred at 2:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John + Flynn BS MD
22b. ADDRESS: 1715 So 39th St Louis Mo
22c. DATE SIGNED: 11-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/8/63
23c. NAME OF CEMETERY OR CREMATORY: College Cemetery
23d. LOCATION (City, town, or county) (State): Lebannon Ill.

24. FUNERAL DIRECTOR — ADDRESS: Moydell Funeral Home 1926 Allen
25. DATE RECD. BY LOCAL REG.: NOV 7 1963
26. REGISTRAR'S SIGNATURE: Hearl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Hadley R. Fuller Jr

Licensed Embalmer No. 4950

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.