

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township St. Louis Mo Primary Registration District No. 203  
 City St. Louis Mo (No. Route to Nearest City)

File No. 25209  
 Registered No. 6636  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5420 Partridge St. Ward. 7  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu M. Cooy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labourer  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

13. NAME Henry M. Cooy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) Lulu M. Cooy

18. BURIAL, CREMATION OR REMOVAL PLACE Cemetery DATE Aug 2-1933

19. UNDERTAKER (ADDRESS) Henry Leichter Und.

20. FILED Aug 1 1933 J. Bredeck Registrar.

**1. No MEDICAL CERTIFICATE OF DEATH**  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1933  
 22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
930  
 Other contributory causes of importance: 930  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No.  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) Harold P. Bell  
 (Address) Deputy Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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