S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19472

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5944

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Hospt (City) 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1435 So Vandervanter
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Earl Cooley

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iva Cooley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 28 (Day) 1900 (Year)

8. AGE: Years 42 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Salem, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Thomas Cooley
13. Birthplace Salem, (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Alice Hale
15. Birthplace Salem, (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Thomas Cooley
(b) Address Salem, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 47004 Washington Ave

19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1942 hour 1 minute 5 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from Gunshot wound of Liver

Due to Inflicted at the hands of one Iva Louella Cooley at

Due to 1425 S Vandventer ave about 9 pm 7/12/42

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Manslaughter
(b) Date of occurrence 7/12/42
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Depot Coon Date signed 7/13/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2971

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.