V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4060

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1423

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7yrs 6mos 6das. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 13

(a) State Missouri (b) County 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 StAnge
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLA COOLEY

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 23 (Day) 1854 (Year)

8. AGE: Years 88 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Michael Moore
13. Birthplace – (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Kate Harknett
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Edw J Byrnes
(b) Address 5400 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen + Kelly
(b) Address 1416 N. Taylor ave

19. (a) FEB 13 1943 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9, year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from July 3, 1935 to Feb. 9, 1943; that I last saw her alive on Feb 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease (6-3-1935x

Due to Senility (6-3-1935x

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Anthony K. Busch (M. D. or other)

Address 5300 Arsenal Date signed 2/11/43

(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 M. D. McCausland Registered Apprentice No. 347 working under my personal supervision.

Signed Harry E. Jolley

Licensed Embalmer No. 4078

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