

S. No. 2
DM-542
5-17-43
1 x 5 1/2

19491

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1943

Registration District No. 210

Primary Registration District No. 1002

Registrar's No. 5908 ✓

1. PLACE OF DEATH:

(a) County St. Louis
(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 11 mos 17 das
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME WILLIAM CLYDE COOLEY

3. (b) If veteran, name war - 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced sgl

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

7. Birth date of deceased June ? 1885
(Month) (Day) (Year)

8. AGE: Years abt 58 Months Days If less than one day hr. min.

9. Birthplace Lafayette Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace Lafayette Indiana
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Lafayette Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Helena A. Dangler

(b) Address 5300 Arsenal St

17. (a) Antoniou (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. K. ...

(b) Address 3800 ...

19. (a) JUN 28 1943 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from June 17-1942 to June 4, 1943,
that I last saw him alive on June 4, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Tabo-Paresis Duration 1942X

Due to 30

Other conditions Urinary Infection 3 weeks
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy no
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) (e) Means of injury
23. Signature Edward Aschier M.D. (D. or other)
Address 5400 Arsenal St. Louis Date signed 6-7-43

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

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.....

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.