

No. 2
5-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22883**
Registrar's No. **6860**

LED AUG 7 1943 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 3 Months
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 4636 Tower Grove Place
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Cooney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles F. Cooney 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 25, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Crowley
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Ellen White
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Robert P.J. Cooney
(b) Address 4636 Tower Grove Place

17. (a) Burial (b) Date thereof 7-30/43
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd
19. (a) JUL 29 1943 (b) J. F. Pruss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1943 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from October 10 1942 to July 28 1943
that I last saw her alive on July 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Uremia
Due to Chronic interstitial nephritis
Due to Hypertension as Rt kidney with metastases
Other conditions None
(Include pregnancy within 3 months of death)

Duration

2 wks
1 wk
4 mos

PHYSICIAN

Major findings: Of operations _____ Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature J. F. Pruss (M. D. or other) MO
Address 4967 Maryland Date signed 7/29/43

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.....

W.H. Van Matre

Licensed Embalmer No.

2825

P. O. Address.....

4340 Lafayette

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.