S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24924

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 1855

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: D.O.G. St Louis Co Hospl
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Fenton
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - River Road
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Bollie E. 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 Single

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

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

7. Birth date of deceased April (Month) 18 (Day) 1890 (Year)

8. AGE: Years 55 Months 2 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace Macon Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Electrician

11. Industry or business .....

FATHER
12. Name Thomas J. Cooley
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Brammer
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Everett Cooley
(b) Address Richmond Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Koppe
(b) Address Kirkwood Mo

19. (a) 7-23-45 (Date received local registrar) (b) E. M. Horan (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sudden death without medical attendance that I last saw h. ..... alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arteriosclerosis	
Due to Hypertension 9400	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy	

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 Marion Friedman M.D. (M. D. or other) 7/23

Address 601 Brentwood Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1946

AUG 7 1946

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 John M. Meyer

Licensed Embalmer No. 3788

P. O. Address 340 W. Adams Kirkwood 22 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.