

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43973

FILED DEC 30 1952

Registrar's No. 3200

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 521

1. PLACE OF DEATH a. COUNTY <i>ST. Louis Co. - Clayton Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clayton Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Robertson Mo</i>	
c. LENGTH OF STAY (In this place) <i>1 Day</i>		74660	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Co. Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Bellair and Hall ave.</i>	
3. NAME OF DECEASED a. (First) <i>Peter</i> (Type or Print) b. (Middle) <i>Allen</i> c. (Last) <i>Cooley</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12-11-1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>C.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unknown</i>	8. DATE OF BIRTH <i>12-24-1897</i>
9. AGE (In years last birthday) <i>51</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Partner</i>	
11. BIRTHPLACE (State or foreign country) <i>Heidelberg Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Allen Cooley</i>		13b. MOTHER'S MAIDEN NAME <i>Betty Runo</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>L. J. Jones</i> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatous</i> ANTECEDENT CAUSES (b) <i>Carcinoma of Colon</i> DUE TO (c) <i>153X</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <i>12-11-1952</i> to <i>12-11-1952</i> , that I last saw the deceased alive on <i>12-11-1952</i> , and that death occurred at <i>8:22 p.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Dr. Mahan C. Keeter M.D.</i> (Degree or title)		23b. ADDRESS <i>6015 Brentwood, Clayton</i>	
23c. DATE SIGNED <i>12-12-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Final</i>	
24b. DATE <i>12-17-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Beaver Meadow</i>	
24d. LOCATION (City, town, or county) (State) <i>Final Miss</i>		DATE REC'D BY LOCAL REG. <i>12-15-52</i>	
REGISTRAR'S SIGNATURE <i>Hubert R. Donke M.D.</i>		GENERAL DIRECTOR'S SIGNATURE <i>Hubert R. Donke M.D.</i> ADDRESS <i>922</i>	

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

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06/03/2016

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Shepherd T. Sandell

Signed.....

Student Embalmer

Licensed Embalmer No.

242 243

P. O. Address

230 Eldridge

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.

Walter Brown