

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38114**  
Registrar's No. **9876**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>4-wks.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>17 4636 Tower Grove Place 21790</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>F.</b> c. (Last) <b>Cooney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11, 1955</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>Sept. 27, 1871</b>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>84 10 11</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Jeweler</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Cooney</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gaubatz</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Nellie V. Cooney</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Robert P.J. Cooney, 3958 Flora Place</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Thrombo phlebitis + sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio. vno. vascular disease</b> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic hypertrophy 442x</b>		19. DATE OF OPERATION <b>1943</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>670 x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>June 1943, not 11</b> , 1955, that I last saw the deceased alive on <b>11-11</b> , 1955, and that death occurred at <b>3:40 pm.</b> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Emma N. Beard, M.D.</b>		23b. ADDRESS <b>812 Olive St. St. Louis, Mo.</b>	
23c. DATE SIGNED <b>11-12-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov. 14, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FEMERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter J. Donnelly, 810 Lindell Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 14 1955</b>		REGISTRAR'S SIGNATURE <b>J. C. ...</b>	

WRITE PLAINLY—USING 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46.....

P. O. Address St. Louis.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.