

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Manchester (No. Manchester Nursing Home St. _____ Ward _____)

File No. 17640
 Registered No. 126

2. FULL NAME

John C. Cool
 (a) Residence, No. Manchester Murray St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Cool

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1933, to May 30, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1850

I last saw him alive on May 30, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.

7. AGE YEARS 83 MONTHS 0 DAYS 27 If LESS than 1 day,hrs. ormin.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

Pneumonia 930 Bronchial

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Land Co

10:00 1:30 930

10. Date deceased last worked at this occupation (month and year) Jan 1918 11. Total time (years) spent in this occupation 10 yrs

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

(1) Cellulitis (of left hand and arm.)

13. NAME Wm. Cool

(2) Chronic myocarditis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V. Grace Illinois

Name of operation none Date of _____

15. MAIDEN NAME Polly Baker

What test confirmed diagnosis? _____ Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Kentucky

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT David E. Cool (ADDRESS) 1404 Sebast St.

Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE June 2, 1933

Where did injury occur? _____ (Specify city or town, county, and State)

19. UNDERTAKER Madame's Sons (ADDRESS) 3934 N. 12th St. St. Louis

Specify whether injury occurred in industry, in home, or in public place.

20. FILED 6-2 1933 P. B. Barnett, M.D. Registrar.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) B. P. Loring, M. D.

(Address) Ballwin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1933

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Dr. C. S. ...
1779 ...
Special

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1850 5-3
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