

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

St. Louis

C. 3813

(No.....)

William Cooney

Registration District No.....

Primary Registration District No.....

City Hospital No.1

791

1008

25350

File No.....

Registered No.....

6524

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

4635 Shirley Place Ward. 7

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3. 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55		11	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	nil
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

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

13. NAME Patrick Cooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

15. MAIDEN NAME Mary Kitsem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT Hosp. Info M. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Always Cem DATE July 8 1937

19. UNDERTAKER John A. Gentry (ADDRESS) 5077 S. Brent Ave.

20. FILED 6 1937 J. Bredich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	7/4/37	. 19
22. I HEREBY CERTIFY, That I attended deceased from	6/18/37	19, to 7/4/37, 19
I last saw him on	7/4/37	19
Death is said to have occurred on the date stated above, at	10:30 p.m.	
The principal cause of death and related causes of importance were as follows:		

1. EMPYEMA	Date of onset
2. LUNG ABSCESS non I.B. cause unknown	
Other contributory causes of importance:	1100
Bronchiectasis	
Pneumonia Broncho	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:	
Accident, suicide, or homicide?.....	Date of injury....., 19.....
Where did injury occur?.....	(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	
Nature of injury.....	

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify (Signed) W. H. Jacobson, M. D.
(Address) City Hospital No.1

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.

