

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.

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

16234
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH
 (a) County Registration District No. 79A
 (b) Township Primary Registration District No. 1003
 (c) City ST. Louis Mo. (d) Street No. St. Lukes Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles F. Cooley 400
 (a) Residence, No. 5445 Enright Ave. St. 25
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Louise Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1856

7. AGE YEARS 82 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. V. President
 9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis envelope
 10. Date deceased last worked at this occupation (month and year) April 19, 1938 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen esee Co. New York

MOTHER 13. NAME Carlton Cooley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Elizabeth Allison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT M. Carlton Cooley
 (ADDRESS) 414 Mission Court U. City.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 4, 1938

19. FUNERAL DIRECTOR Alexander & Sons
 (ADDRESS) 6175 Delmar Bl. yd.

20. FILED MAY 3 1938 J. P. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1938, to May 2, 1938
 I last saw him alive on May 2, 1938 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute pyelitis, non-calculus Date of onset 2 weeks
Pneumonia 2 weeks
93C

Other contributory causes of importance:
Chronic nephritis + renal
granular arteriosclerosis years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Walter Baumgartner, M. D.
 (Address) 3720 Washington St.

Bainbridge or Glenn

STATEMENT BY LICENSED EMBALMER

I, Joseph E. McCulloch, Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

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.)