

Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: **St. Johns Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Weeks.**
(Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.** **26**
(If outside city or town limits, write "RURAL")
(d) Street No. **911 Montgomery St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Ann Cool.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Edward Cool.** 6. (c) Age of husband or wife if alive **53**

7. Birth date of deceased **August 17th. 1887. 18. 91**
(Month) (Day) (Year)

8. AGE: Years **49** ~~50~~ Months **2** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business _____

12. Name **Martin Bigley.**

13. Birthplace **Ireland.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie McCullen.**

15. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Cool.**

(b) Address **911 Montgomery St.**

17. (a) **Burial** (b) Date thereof **11-6-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cem.**

18. (a) Signature of funeral director **H. J. Leidner and co**

(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 5 1940** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **3rd** year **40** hour **2:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Oct 28-1940** to **11-3-1940**

that I last saw her alive on **11-3-1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **4 days**

Due to **63**

Due to **Primary site right kidney**

Other conditions **Hypertension with metastases to lungs**

Major findings: **metastases to lungs**

Of operations _____
Of autopsy **Hypertension with metastases to lungs**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. L. McCull** (M. D. or other) _____

Address **8825 A Manchester** Date signed **11-4-40**

Dr Mc Call
18825 W Manchester

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John P. Buchholz

Licensed Embalmer No. *7674*

P. O. Address *1773 S. Main*

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.