

REC'D FEB 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **681**

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

1. PLACE OF DEATH: **St. Louis.**

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Infirmary.** **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **July 11, 1935**
(Specify whether years, months or days)

In this community **Unknown**

3. (a) PRINT FULL NAME **James Cooney.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March (unk) 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **unk** If less than one day hr. _____ min. _____

9. Birthplace **Elgin, Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teamster.**

11. Industry or business **X**

12. Name **Unknown.** **9**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. Moloney**

(b) Address **5800 Arsenal St.,**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **1-22-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Bullen + Kelly**

(b) Address **1416 N. Taylor**

19. **JAN 22 1941** (Date received local registrar)

(b) **J. J. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis** **600**

(c) City or town **St. Louis.** **13 17**
(If outside city or town limits write "RURAL")

(d) Street No. **5800 Arsenal St.** **9**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **American** **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3,** year **1941.** hour **2:00** minute **0.** M.

21. I hereby certify that I attended the deceased from **July 11,** 19**35** to **January 3,** 19**41** that I last saw him alive on **January 3,** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery accident** Duration _____

Due to **Arteriosclerosis**

Due to **MI**

Other conditions **MI**
(Include pregnancy within 3 months of death)

Major findings: Of operations **MI**

Of autopsy **Arteriosclerosis Syphilitic aortitis**

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 **R. E. Shank** (M. D. or other) **5**

Address **St. Louis, Mo. 15th** Date signed **1/22/41**

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.....

Myself, Registered Apprentice No.
working under my personal supervision.

city license
#145

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo.*

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, above space should be left blank.