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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22762

Registration District No. 784 | Primary Registration District No. 2 | Registrar's No. 1216

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8227 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis 96
(c) City or town: Vinita Park 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 8227 Madison 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Saunders Cooney
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb (Month) 2 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
37	4	7	..... hr. ..... min.

9. Birthplace: St Louis Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Nil
11. Industry or business: —

FATHER
12. Name: Patrick J Cooney
13. Birthplace: New Haven (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Anna L Fagan
15. Birthplace: New Jersey (City, town, or country) (State or foreign country)

16. (a) Informant: Ruth Piesker
(b) Address: 8227 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation: New Haven Mo
18. (a) Signature of funeral director: Ortmann Funeral Home
(b) Address: 9222 Lackland Overland Mo
19. (a) JUN - 9 1941 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 9
year: 1941 hour: 1 AM minute: ..... M.
21. I hereby certify that I attended the deceased from June 1, 1939, to June 9, 1941; that I last saw him alive on June 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilitation? Heart	
Due to: Hypertension	
Due to: Epilepsy - (Moran)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 8.5
Of autopsy: .....

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: C. E. Sterling M.D. (M. D. or other)
Address: 2060 Mo. 1 So Rd Date signed: 6-9-41

(Licensed Embalmer's Statement on Reverse Side)

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. Al C Ortmann

Licensed Embalmer No. 3478

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.