S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37993

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2376

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 11/3/42 (Specify whether
In this community since Nov. 3, 1942
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Granite City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1600 Cleveland Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Oliver R. Cooley

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Catherine (c) Age of ~~husband or~~ wife if alive 45 years

7. Birth date of deceased February (Month) 14, (Day) 1891 (Year)

8. AGE: Years 51 Months 8 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Amite, Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business -

FATHER
12. Name Eugene Cooley
13. Birthplace Louisiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Hancock
15. Birthplace Memphis, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 14 42 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C Hoffmeister Wm L Co.
(b) Address 7814 S. Broadway

19. (a) NOV 13 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th, year 1942 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from November 3, 1942 to November 11, 1942 that I last saw him alive on November 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	Unknown
~~Due to~~	
~~Due to~~	
Other conditions Nephritis, chronic, with edema and nitrogen retention (Include pregnancy within 3 months of death)	Unknown

124 1-1

Major findings:
Of operations
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? (Specify type of place)
While at work? Means of injury

23. Signature L. M. Cochran, M.D. (M. D. ~~or other~~)
Address Chief Medical Officer Date signed 11/14/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 781480 Belvy

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.