

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17946
 4864
 Registrar's No. _____

318

109

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6-days</u>	6 CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1416 N. Euclid Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Cooney</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1951</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Feb. 27, 1895</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Elliott Lee Weil</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Daley</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Richard P. Cooney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Richard P. Cooney, 1416 N. Euclid Ave.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Fr of skull; Brain Injury</u>		INTERVAL BETWEEN ONSET AND DEATH _____		II. OTHER SIGNIFICANT CONDITIONS <u>about 7:30 pm</u>	
ANTECEDENT CAUSES <u>suffered when drenched with down the steps leading to the basement at her home at 1416 N. Euclid Ave on May 17 1951 at</u>		DUE TO (b) _____		DUE TO (c) _____	
DUE TO (a) _____		DUE TO (b) _____		DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>500 Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 5:15 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>EGOOD</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:35 a</u> m., from the causes and on the date stated above. <u>21</u>					
22a. SIGNATURE <u>Catrick E. Taylor</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>5. 25. 51.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>MAY 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Houston</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed..... *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.