

FILED NO. 17 1954
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SL-3524

STANDARD CERTIFICATE OF DEATH

State File No. 42282
1003
Registrar's No. 10941

BIRTH-NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 25 days	a. STATE MISSOURI b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		. STREET ADDRESS (If rural, give location) 23 2730 So. Jefferson	2239

3. NAME OF DECEASED (Type or Print)	a. (First) EDWIN	b. (Middle) MORGAN	c. (Last) COOLEY	4. DATE OF DEATH (Month) (Day) (Year) 11-30-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-5-76	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barbering	11. BIRTHPLACE (City and State or Foreign Country) Marlborough, New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Cooley	13b. MOTHER'S MAIDEN NAME Maria DeSylvia	14. NAME OF HUSBAND OR WIFE Elizabeth Cooley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish-American	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE INFARCTION OF THE ENTIRE LEFT CEREBRUM.		25 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ATHEROSCLEROSIS DUE TO (c)		MANY YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 234X
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22. I hereby certify that I attended the deceased from 11-5-54, 19, to 11-30-54, 19, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE THOMAS FRET	(Degree or title) M.D.	23b. ADDRESS VA Hosp. 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 11-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 3, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. DEC 1 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L. & U. Co.	ADDRESS 2929 S. Jefferson Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *A. M. Davis*.....

Licensed Embalmer No. *3741*.....

P. O. Address *2929 Jefferson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.