MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED MAR 1 5 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2739

STATE FILE NUMBER 62-007911

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. LOUIS, MO.
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSP. #1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN: ST Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4443 OAKLAND — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: DENNIS Middle: Last: COOGAN

4. DATE OF DEATH: Month: MARCH Day: 11 Year: 1962

5. SEX: Male

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-29-1882

9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Street car Line

11. BIRTHPLACE (City and state or country): Waynesville Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Dennis Coogan

13b. MOTHER'S MAIDEN NAME: Mary Richardson

14. NAME OF HUSBAND OR WIFE: Ida Coogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 493-10-9159A

17. INFORMANT: Lenora Robinson — Address: 4443 Oakland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		Interval between onset and death
IMMEDIATE CAUSE (a)	Thrombosis left middle cerebral artery	17 days
DUE TO (b)	generalized arteriosclerosis	unk
DUE TO (c)	332X	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-21-62, to 3-11-62 and last saw her/him alive on 3-11-62
Death occurred at 5:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 3-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/12/1962

23c. NAME OF CEMETERY OR CREMATORY: OAK Hill

23d. LOCATION (City, town, or county) (State): Green Feild ILL.

24. FUNERAL DIRECTOR: Schcilds Funeral Home — ADDRESS: Greenfeild ILL

25. DATE RECD. BY LOCAL REG.: MAR 12 1962

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
			8/2	

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 Phillip H Ogden

Licensed Embalmer No. 5170

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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