OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

STATE FILE NO. 19356

BIRTH NO. REGISTRAR'S NO.

1. PLACE OF DEATH — a. COUNTY: Pinellas — CODE NO.: 62-11
b. CITY OR TOWN (If outside corporate limits, write RURAL): St. Petersburg — c. LENGTH OF STAY (In this place): 17 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) — a. STATE: Florida — b. COUNTY: Pinellas
c. CITY OR TOWN (If outside corporate limits, write RURAL): St. Petersburg
d. STREET ADDRESS (If rural, give location): 1440 21st Ave. North

3. NAME OF DECEASED (Type or Print) — a. (First): Marie — b. (Middle): V. — c. (Last): Coogan

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9, 1883

9. AGE (In years last birthday): 68 — If under 1 year: Months 5 — Days 9 — If under 24 hours: Hours — Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jos. Vuillemot

14. MOTHER'S MAIDEN NAME: Nora O'Donnell

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Joseph E Coogan
ADDRESS: 1440 21st Ave. N., St. Petersburg, Fla

22. I hereby certify that I attended the deceased from Aug 14, 1951, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 12:15 A.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. Daniels Jr MD — 23b. ADDRESS: St Petersburg Fla — 23c. DATE SIGNED: 8/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: Aug. 21,1951 — 24c. NAME OF CEMETERY OR CREMATORY: Memorial Park — 24d. LOCATION (City, town, or county) (State): St. Petersburg Florida

DATE REC'D BY LOCAL REG.: 8-20-51 — REGISTRAR'S SIGNATURE: Emily B. Knerr — 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: JOHN S. RHODES, INC. St. Petersburg, Fla.

C. Meade Gray, State Registrar

Date Issued: FEB 2 6 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

25381427

CERTIFICATION OF VITAL RECORD

25381427

VOID IF ALTERED OR ERASED