STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

STATE FILE NO. 13828

BIRTH NO. | REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: Pinellas | CODE NO.: 62-31
b. CITY OR TOWN (If outside corporate limits, write RURAL): St. Petersburg | c. LENGTH OF STAY (In this place): 16 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. N.

3. NAME OF DECEASED (Type or Print): a. (First) Patrick | b. (Middle) J. | c. (Last) Coogan
4. DATE OF DEATH (Month) (Day) (Year): June 16, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 5, 1879
9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months: 2 | Days: 11 | IF UNDER 24 HRS Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Lieutenant
10b. KIND OF BUSINESS OR INDUSTRY: New York City
11. BIRTHPLACE (State or foreign country): Kilkenny County, Ireland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Coogan
14. MOTHER'S MAIDEN NAME: Anne Bowe

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.: None
17. INFORMANT'S SIGNATURE: Marie V. Coogan
ADDRESS: 1440 21st. Ave. N., St. Petersburg, Fla.

22. *I hereby certify that I attended the deceased from* Aug 1949, *to* June 16 1950 *that I last saw the deceased alive on* June 16, 1950 *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. C. Daniels, Jr. MD
23b. ADDRESS: 332 45th N, St Petersburg Fla
23c. DATE SIGNED: 6/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): St. Petersburg, Fla.

DATE REC'D BY LOCAL REG.: JUN 17 1950
REGISTRAR'S SIGNATURE: Emily B. Knew Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: JOHN S. THOMAS ST. PETERSBURG, FLA.

C. Thomas 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)

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CERTIFICATION OF VITAL RECORD

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VOID IF ALTERED OR ERASED

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