

FILED DEC 6 1947 **318**
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **William Stephen Coogan**

3. (b) If veteran, name war..... **None**
3. (c) Social Security No. **493-05-8848**

4. Sex **Male D** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **May E. Coogan**
6. (c) Age of husband or wife if alive..... **49**
7. Birth date of deceased..... **December 26, 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **24** If less than one day
..... hr. min.

9. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Investment Broker**

11. Industry or business..... **Taussig Day & Company**

12. Name..... **John Coogan**

13. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Maher**

15. Birthplace..... **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. May E. Coogan**

(b) Address..... **3715 Juniata Street**

17. (a) **Burial** (b) Date thereof..... **Nov. 24, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Wm. J. Robert L. & U. Co.**

(b) Address..... **1905 So. Grand Blvd.**

19. (a) **NOV 22 1947** (b) **J. P. Brodeur**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3715 Juniata Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20**, year **1947** hour **9** minute **P.**

21. I hereby certify that I attended the deceased from **April 20**, 19**47**, to **Nov 20**, 19**47**.
that I last saw him alive on **Oct 14**, 19**47**, and that death occurred on the date and hour stated above.
Immediate cause of death.....

Coronary Thrombosis
Hypertension
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature..... **Chas. E. Eymann** (M. D. or other)

Address..... **634 N. Grand** Date signed..... **11/21/47**

FEB 25 1946

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Rex Campbell

Licensed Embalmer No.....

3881

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