

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 7191
Registered No. 2065
St. Ward)

2. FULL NAME

(a) Residence, No. 2315 Sublette St., 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 17, 1923

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

1

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Denver B Cogan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Ida H Overbey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14. INFORMANT

(Address)

Denver B Cogan
2315 Sublette St

15. FILED

19

May C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 26, 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1930, to Feb 25, 1930

that I last saw alive on Feb 25, 1930, and that death occurred, on the date stated above, at 5:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

107 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

no

DATE OF.....

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

D. W. Smith M. D.

2-26-30 (Address) 2418 N. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenfield Ill

Feb 28, 1930

20. UNDERTAKER

ADDRESS

Frederick H. Haver, Inc.

4228 S. Kingshighway

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County St. Louis
Towship St. Louis
City St. Louis (No. 1003)

Registration District No. 991
Primary Registration District No. 1003

File No. 2063-
Registered No. 2063-
St. Ward

2. FULL NAME

(a) Residence No. Dennis F. Coaglin St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) A

6A. IF MARRIED, WIDOWED, OR DIVORCED
(HUSBAND OF OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 1-26-39 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from to , 1930, and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bacterial Pneumonia
Primary information given
Phone by Dr. C. P. Wright
City of St. Louis, Mo. 4-24-30

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPT?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.
, 1930 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW