N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

42653

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1000 Registered No. 11799

City St Louis (No. City Hospital St. .... Ward)

#16635

2. FULL NAME Edward Coogan

(a) Residence, No. 1465 Webster St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7 - 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	38	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Illinois

FATHER

13. NAME Bill Coogan

14. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Theresa Hanlon

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Hospital information Grace Kopp (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/2/33 19...

19. UNDERTAKER John B Collins & Bro (ADDRESS) 2828 N Grand

20. FILED DEC 31 1932 19... Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1932 to Dec. 30th 1932

I last saw him alive on Dec. 30th 1932 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Chr. Alcoholism (Delirium Tremens)

75A 175 (1)

Other contributory causes of importance:

Acute Pharyngitis (type unknown)

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19...

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) Maurice A. Diehr, M. D.

(Address) City Hospital