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

Do not use this space.

35591

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10782

Township ..... Primary Registration District No. 793 Registered No. 10782

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

2. FULL NAME 9113 Charles Coggins

(a) Residence. No. 107 N 6 St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 1848

7. AGE — Years: 78 Months: 10 Days: 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Counter 131 93 12
(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) Illinois

PARENTS
10. NAME OF FATHER Thos Coggins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maine
12. MAIDEN NAME OF MOTHER Sarah Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Chowan (Address) City Hospital

15. FILED Dec -1 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1927, to Nov 9, 1927, that I last saw him alive on Nov 9, 1927, and that death occurred, on the date stated above, at 10:14 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senilis
Chronic myocarditis
Chronic interstitial nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Cystitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 139 W
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund R. Sheridan, M. D.
11/9, 1927 (Address) City Hospital

*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: St. Louis Va. DATE OF BURIAL: 12/1 1927

20. UNDERTAKER: W. Richter ADDRESS: 3500 Rutger

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.

PERMANENT RECORD

Caggins