

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

Do not use this space.

12672

1. PLACE OF DEATH

County Franklin
Township Franklin
City St Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
Albion Cross Hosp

File No.
Registered No. 3991
St. Ward

2. FULL NAME

(a) Residence No. John H Coakley St. 24 Ward Albion Cross Hosp
(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1927

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

17. I HEREBY CERTIFY. That I attended deceased from Jan 5 1927 to Feb 27 1927 that I last saw him alive on Feb 20 1927, and that death occurred, on the date stated above, at 2:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 | 8 | 25 | |

Carcinoma stomach
46B General Metastases

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Crover of Farm
(c) Name of employer Self

CONTRIBUTORY (SECONDARY) 46B
(duration) yrs. mos. ds. 5 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Unknown

1 DID AN OPERATION PRECEDE DEATH DATE OF Jan 20 27

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

2 WAS THERE AN AUTOPSY? 0

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Albion Cross Hosp

DATE OF BURIAL Feb 27 1927

14. INFORMANT (Address) John Gordon
Albion Cross Hosp

20. UNDERTAKER

ADDRESS

15. FILED 19 REGISTRAR

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.

