

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **4405 West Pine**)

39580
 File No.
 Registered No. **11775**
 St. Ward)

2. FULL NAME

(a) Residence, No. St., **19** 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Coborn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15th 1877		
7. AGE	YEARS 54	MONTHS 0
	DAYS 9	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmanager
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kelly's Auto Co
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

FATHER 13. NAME **William Coborn**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

MOTHER 15. MAIDEN NAME **unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT **Miss Emily Coborn**
 (ADDRESS) **4405 West Pine**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Cochran** DATE **11-27-1931**

19. UNDERTAKER **Arthur J. Donnelly and Co**
 (ADDRESS) **2039 Wash St**

20. FILED **NOV 25 1931**
 Registrar **E. J. Starnes**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **July 1, 1931**, to **Nov 24, 1931**.
 I last saw him alive on **Nov 23, 1931**. Death is said to have occurred on the date stated above, at **7:30 A.M.**

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

Angina Pectoris
Obclusion of Coronary Artery
AAA
AAA
 Other contributory causes of importance:
AAA

Name of operation Date of
 What test confirmed diagnosis? **E.K.G.** 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?
 If so, specify
 (Signed) **E. J. Starnes** M. D.
 (Address) **503 Belmont Ave**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. L. H. Klemperman

3720 Washington Ave

2-3 Pm