APR 9 1937

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

Do not use this space.

File No. 10027
Registered No. 2588

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 17221

2. FULL NAME Lavina Carrie Coffey

(a) Residence, No. 821 Hickory St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	--	3	

OCCUPATION

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

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

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) Potosi Missouri

FATHER

13. NAME ? Charles Smidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Missouri

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Missouri

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL in Lakewood Park
PLACE Cemetery DATE Mar. 8, 1937

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED MAR 5 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/3/37, 19, to 3/4/37, 19

I last saw her alive on 3/4/37, 19. Death is said to have occurred on the date stated above, at 7.15 p

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

	Date of onset
Peritonitis, Generalized	
Dermoid of Ovary (Ruptured)	
Non Malignant	

Other contributory causes of importance: TH

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Roy Greenbaum, M. D.

(Address) City Hospital No.1

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.

X9314