JAN 18 1939 FEB 7 1939

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

3946
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 20 — Registered No. 102

(c) or City ~~Jefferson Barracks~~ — (d) Street No. VETERANS FACILITY St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John M. Coulter

(a) Residence, No. 5924 Etzel Avenue, Saint Louis, St. [ ] Missouri.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 16, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	4	0	

OCCUPATION

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

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

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) Saint Louis, Missouri. 6

FATHER

13. NAME Unknown 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 4

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Clinical Director, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE JAN. 19 1939

19. FUNERAL DIRECTOR (NAME) C. HOFFMEISTER U.L.Co (ADDRESS) 7814 S. Broadway

20. FILED JAN 18 1939 T.R. Meyer M.D. Local Registrar 707

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939 to January 16, 1939

I last saw him alive on January 16, 1939. Death is said to have occurred on the date stated above, at 3:45 P.m.

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

	Date of onset
Carcinoma of pyloric end of stomach with perforation and generalized peritonitis.	Unkn.

Other contributory causes of importance: None

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Name of operation None Date of

What test confirmed diagnosis? Autopsy findings. Was there an autopsy? YES

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) C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF., Jefferson Barracks, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.