

MARGIN RESERVED FOR BINDING

50M-5-17-39
Rev. 5-17-39
V. S. No. 2
1 X1951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

791 STANDARD CERTIFICATE OF DEATH

31011

State File No.

8074

Registration District No.

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights, M.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 7538 Ethel Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARTIN ALBERT COYNE

3. (b) If veteran, name war None 3. (c) Social Security No. 489-10-8915

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Philomene Coyne 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 20th 1894
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobiles

12. Name Martin Coyne

13. Birthplace Galway Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Richa Heitz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Philomene Coyne

(b) Address 7538 Ethel Richmond Heights

17. (a) Valhalla (b) Date thereof Sept. 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director J. H. Beckel

(b) Address 6536 Clayton Road

19. (a) SEP 19 1939 (b) J. H. Beckel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1939 hour 8:30 minute _____ a. M.
21. I hereby certify that I attended the deceased from 9-6, 1939, to 9-18, 1939;
that I last saw him alive on 9-17, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Rupture of Cancer of sigmoid primary site
Due to _____

Other conditions etc
(Include pregnancy within 3 months of death)

Major findings: Annular Carcinoma of sigmoid and Peritonitis
Of operations Carcinoma in mesentere glands.
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. Stewart (M. D. or other) _____

Address Leslie Bldg Date signed 9/19/39

MAY 16 1945

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. 3905

P. O. Address. Richmond Heights, Mo

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

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