EB 7 - 1940

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. J. J. Meredith
Order # 158206

State File No. 20-0049

Registration District No. 784 — Filed MAR 7 - 1940

Primary Registration District No. 200

Registrar's No. 269

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Vinita Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8246 Buchanan
(If not in hospital or institution, write street number or location)

2

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 10 Years.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Vinita Park
(If outside city or town limits, write "RURAL")

0

(d) Street No.: 8246 Buchanan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Charles H. Coburn 165

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Margaret Griffith Coburn

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: May (Month) 1 (Day) 1869 (Year)

8. AGE: Years 70 | Months 9 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Beaver Dam (City, town, or county) Wisc. (State or foreign country) 1

10. Usual occupation: Retired Hotel Clerk 4

11. Industry or business: 9

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Margaret G. Coburn
(b) Address: 8246 Buchanan Vinita Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Baumann Bros Inc.
(b) Address: 2504 Woodson Overland, Mo.

19. (a) FEB 7 - 1940 (Date received local registrar) (b) T. R. Mayer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1940 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1925, 1925, to Feb. 6th, 1940, that I last saw him alive on Feb. 3rd, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic
Interstitial Oedema

Due to: Kidneys

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation

Of autopsy:

Duration

31

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

23. Signature: J. J. Meredith (M. D. or other)
Address: 1259 N. Kingshighway Date signed: 2-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.