

JUN 5 1940
Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1018

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
U. S. Marine Hospital, 525 Couch Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days
(Specify whether years, months or days)

In this community 45 years

3. (a) PRINT FULL NAME BERT C. COULTER 476

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-18-3596

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida M. Coulter

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 9 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>17</u>	hr. <u>min.</u>

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

10. Usual occupation Engineer

11. Industry or business Eagle Packet Co.

MOTHER FATHER:

12. Name Charles Coulter

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

14. Maiden name Rebecca Cary

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

16. (a) Informant's own signature Clinical Record at the

(b) Address U.S. Marine Hospital, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 5/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Welders

(b) Address 2331 Broadway

19. (a) MAY 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3838 Mission
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1940 hour 3 30 minutes _____ A. M.

21. I hereby certify that I attended the deceased from April 8
1940, to May 26, 1940;

that I last saw him alive on May 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral Duergion

Due to Arterio-sclerosis, general old

Due to 108

Other conditions Senility, Arterio-Sclerosis,
(Include pregnancy within 3 months preceding death)
epilepsy, hemiplegia, left.
Pneumonia, lobar

Major findings:
Of operations _____

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? _____

767
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address U.S. Marine Hospital Date signed 5/26/40

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.

Rev. 5-17-39
1 X 11511

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..... *Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *St. Louis, 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.