

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Meredith
or Staling
19600
State File No. _____
Registrar's No. 1060

Registration District No. 284 Primary Registration District No. 200 Registrar's No. 1060

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Vinita Park
(c) Name of hospital or institution:
8246-Buchanan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.8 years
years, months or days

3. (a) PRINT FULL NAME MARGARET COBURN
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Charles H. Coburn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 26 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 7 hr. _____ min. _____
If less than one day

9. Birthplace Neosho Falls, Kans.
(City, town, or county) (State or foreign county)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Embryon
13. Birthplace Embryon
(City, town, or county) (State or foreign county)
14. Maiden name Embryon
15. Birthplace Embryon
(City, town, or county) (State or foreign county)

16. (a) Informant Charles Coburn
(b) Address 8246 Buchanan Vinita Park Mo
17. (a) Burial (b) Date thereof 6-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Blaine Bros Inc.
(b) Address 2504 Woodson Overland Mo.
19. (a) JUN 4 - 1940 (b) D.R. Meyer
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 8246 Buchanan
(If rural, give location)
(e) If foreign born, how long in U. S. A? ✓ _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1879
June 2nd 1940, to June 2 1940;
that I last saw her alive on June 2 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis Hypertensive
Cardiac dilatation
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None
Of autopsy None
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 J. Meredith (M. D. or other) _____
Address 1959 Kingdome way Date signed 6-4-40

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

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 *2504 Woodson Overland*

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.