

NOV 16 1940 791
Registration District No.

Primary Registration District No. 1003

State File No.
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 12 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 445 N. 21st St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Thelma Coughlin

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-18-8308

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2, year 1940 hour 3:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 20, 1940, to October 2, 1940, that I last saw her alive on October 2, 1940 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. 11, 1902
(Month) (Day) (Year)

Immediate cause of death Rubele Acetitis

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>38</u> | <u>7</u> | <u>21</u> | hr. _____ min. |

Due to Chronic nephritis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace De Soto, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Ironer

11. Industry or business Steam Laundry

12. Name Thomas O. Kelley

13. Birthplace De Soto, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Stella A. Striger

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy as above

16. (a) Informant Thomas O. Kelley

(b) Address 445 N. 21st St. East St. Louis

17. (a) Burial (b) Date thereof 10-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Cem. De Soto, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis, Ill.

19. (a) OCT 4 1940 (b) [Signature]
(Received local registrar) (Registered in office)

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 [Signature] (M. D. or other) _____

Address 1505 Lafayette Ave. Date signed 10/2/40

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

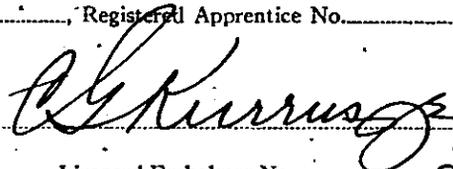
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3162

P. O. Address East St., Louis, Ill.

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.