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

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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8644
2054

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2515 Dodier St. /
(If not in hospital or institution, write street number or location)

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

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 2515 Dodier St 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Alice Coughlin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex / female

5. Color or race white

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

6. (b) Name of husband or wife Daniel Coughlin

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

7. Birth date of deceased Aug. 7, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	25	hr. min.

9. Birthplace Meredian / Miss. (City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business

MOTHER FATHER

12. Name Thomas Carrn

13. Birthplace Unknown 9 unknown (City, town, or county) (State or foreign country)

14. Maiden name Alice Brogan

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

16. (a) Informant Mrs. Alice Stengel

(b) Address Springfield, Ill

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) MAR 4 1941 (Date received local registrar) (b) J. M. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2 year 1941 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from April, 1940, to Mar 2, 1941; that I last saw him alive on Mar 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature A. H. Benning (M. D. or other) M.D.

Address 2342 St Louis Ave Date signed 3/3/41

(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 Charles Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.