

No. 2
4-13-40
5-17-39
P-1 X23159

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: City Hosp #1 D
(d) Length of stay: In hospital or institution 6 hrs
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
17
9
(a) State MO (b) County _____
(c) City or town St. Louis 25
(d) Street No. 306^a Market St. D
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Patrick Henry Coers
3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-16-0217

20. DATE OF DEATH: Month Dec day 19 year 1942 hour 3 minutes 30 A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt (Month) _____ (Day) 1876 (Year)

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of skull with Dupuytren's disease of brain when he struck by a bellhop's tin streetcar
Driven by one Stewart Mouton about 20 feet north of the north building line of Market Street on north street about 11:00 o'clock
Other conditions 1 A.M. Dec. 19 1941
(Include pregnancy within 3 months of death)

8. AGE: Years abt. 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

Major findings: Of operations 8 Of autopsy 701
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

9. Birthplace 4 Ireland (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
12. Name Wick Simon 13. Birthplace Wick Simon 14. Maiden name Wick Simon 15. Birthplace Wick Simon

16. (a) Informant James J. Simon

(b) Address 11300 Clark

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Kubler

(b) Address 3500 Rother

19. (a) FEB 30 1942 (b) J. F. Bredek

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Dec 19 1941

(c) Where did injury occur? St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rubber Plant

(e) Means of injury struck by trolley

25. Signature Alfred J. Perry (M. D. or other) _____
Address Superior Canal Date signed 1/14/42

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.....

P. O. Address.....

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, fact should be so stated above.