V. S. No. 2
0M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4223

Primary Registration District No. 1003

Registrar's No. 1608

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL D
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12,000 11 9

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

(d) Street No. 427 Lake Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Francis Coyne

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 21 (Day) 1924 (Year)

8. AGE: Years 17 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business

FATHER
12. Name James F. Coyne
13. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Margaret Fitzgerald
15. Birthplace Brooklyn (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Margaret Tracy
(b) Address 427 Lake, Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Flushing, New York

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, Ave.

19. (a) MAR 21 1942 (Date received local registrar) (b) J. G. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1942 hour 10:50 minute P M.

21. I hereby certify that I attended the deceased from Feb 20 (12:30 PM), 194x, to Feb 20, 1942; that I last saw him alive on Feb 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic glomerulo-nephritis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Carl G. Harford (M. D. or coroner)
Address BARNES HOSPITAL Date signed

(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. 1861,

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.