S. No. 2
1—1-4-41
. 5-17-39
I X28330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15352

Registration District No. 7-9 Primary Registration District No. 6000 Registrar's No.

1. PLACE OF DEATH

(a) County St Charles
(b) City or town Wentzville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Lodge
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maria Coates
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex Female
5. Color or race ~~White~~ Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 22 (Day) 1859 (Year)

8. AGE: Years 82 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor House Work
11. Industry or business
FATHER
12. Name Washington Coates
13. Birthplace Don't Know (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Ora Coates
(b) Address Wentzville, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof April 18 42 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville
18. (a) Signature of funeral director J. E. Patterson
(b) Address Wentzville Mo
19. (a) April 30 1942 (Date received local registrar) (b) Irene Rickman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 4 1942 to April 13 1942 that I last saw he alive on 4/13/42 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. C. McMurray (M. D. or other) MD
Address Wentzville, Mo. Date signed 4/17/42

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(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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo

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.