

FILED JUL 20 1947 791

State File No. 5913
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Johns Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4653 - Cottage Ave.
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-4-47 to 7-11-47
that I last saw him alive on 7-11-47
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cordis
Due to Vascular Renal Disease

Other conditions 1/21
Major findings: 1/21
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify type of place)
23. Signature Carl R. [Signature] (M. D. or other)
Address Humboldt Bldg Date signed 7-13-47

3. (a) PRINT FULL NAME JAMES T. COFFEY

3. (b) If veteran, name war no
3. (c) Social Security No. 493-108967

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (c) Age of husband or wife if alive 7 5/8 years
7. Birth date of deceased Oct 7 1876

8. AGE: Years 65 Months 9 Days 4
If less than one day hr. min.

9. Birthplace Boonville, Indiana

10. Usual occupation Retired motor man

11. Industry or business Public Service

12. Name Annias Coffey

13. Birthplace Evansville, Indiana

14. Maiden name Mary Skelton

15. Birthplace Evansville, Indiana

16. (a) Informant Carrie Coffey

(b) Address 4653 Cottage Ave St. Louis, Mo

17. (a) Burial (b) Date thereof 7-15-47

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director J. T. [Signature]
(b) Address 2504 Woodway Rd. Overland, Mo

19. (a) (b) J. T. [Signature] (Registrar's signature)

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

30
7
9

10

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..... *W. G. Peterson*

Licensed Embalmer No. *3767* City *17*

P. O. Address..... *Overland 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.