

FILED OCT 2 - 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8543

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:
Home For the Aged, 43400 So. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 3 Years.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John M. Coates.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 February 28, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>28</u>	hr. _____ min.

9. Birthplace London, England.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Don't Know.
13. Birthplace Don't Know. 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know.
15. Birthplace Don't Know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister St. Ludivine.

(b) Address 3400 So. Grand.

17. (a) Burial. (b) Date thereof 9/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Arthur J. ...

(b) Address 2842 Maramec St.

19. (a) SEP 27 1943 (Date received local registrar) J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month September day 26
year 1943 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 29 to 9/27 1943
that I last saw him alive on 9/27 1943
and that death occurred on the date and hour stated above

Immediate cause of death Arterio Sclerosis
Due to _____

Other conditions Cancer Left 3/4
(Include pregnancy within 3 months of death)

Major findings: H
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?

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature J. F. ... (M. D. or other) _____
Address ... Date signed ...

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

844

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. 4249

2842 Meramec St.,

P. O. Address St. Louis, 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.