S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32998

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9478

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos. 5 days (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 25

(a) State Missouri (b) County

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

(d) Street No. 114 ½ N. Broadway
(If rural, give location)

(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Canada 0

3. (a) PRINT FULL NAME BERNARD VINCENT COYLE

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 16, (Day) 1880 (Year)

8. AGE: Years 63 Months 3 Days 20 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Frank Coyle 4
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ella ?
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutgers St

19. (a) OCT 28 1943 (Date received local registrar) J. F. Bridgeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 6, year 1943 hour 10-40 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1st, 1943, to Oct. 6, 1943; that I last saw him alive on Oct. 6, 1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	4 ds.
Due to: Decubiti-ulcers of both hips & right elbow	2½ mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Walter L. Moore (M. D. or other) MD
Address 5400 Arsenal St Date signed 10-6-43

(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.....

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.