

FILED NOV 10 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 15 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gertie H. Coates

3. (b) If veteran, name war None

3. (c) Social Security No. 192-12-8197

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: January 16, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>11</u>	hr. min.

9. Birthplace: Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

MOTHER FATHER

12. Name: Henry Hodson

13. Birthplace: Indiana
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Forshey

15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Olive Lena Coates

(b) Address: 3921a Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 28, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill Gardens

18. (a) Signature of funeral director: Russell Mehan

(b) Address: 1131 Union Blvd

19. (a) OCT 27 1944 (Date received local registrar) (b) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3921a Olive
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1944 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Suppurative Pilonephritis (Right)
Disseminated Intravascular Coagulation (DIC) (Right)
Addressed (Right)

Due to: 133a

Other conditions: 133a
(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: Thomas P. Callahan (M. D. or other)

Address: Deputy Coroner Date signed: 10-27-44

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

Creed McLean
.....
Licensed Embalmer No. *2914*
.....
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.