

FILED JAN 31 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Hrs.
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Julia Coapes

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dave Coapes 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: July 18th, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 3 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

MOTHER FATHER

11. Industry or business _____
12. Name Henry Johnson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Annie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Coapes
(b) Address 2813 Stoddard St

17. (a) Burial (b) Date thereof 1-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) JAN 23 1945 J. F. Bredeek
(Date received local registrar) (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. 1315 Prairie Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 21st,
year 1945, hour 10 minute 12 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1945 to Jan 21 1945
that I last saw her alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Heart Disease
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 Wayne (M. D. or other) _____
Address 3316 W. 11th St Date signed 1/21/45

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

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 Hutton E. Cullkin.....

Licensed Embalmer No. 4198.....

P. O. Address 1215 Jones St. Harris 13.....

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.