S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 30122

Registrar's No. 1035

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 803 Garden St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

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

(d) Street No. 803 Garden St. 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theresa Coots

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank M. Coots

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept. 11, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	11	hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name F. W. A. Biedel
13. Birthplace Germany 11
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rose
15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Myron Coots
(b) Address 110 South 15th St.

17. (a) Burial (b) Date thereof Sept. 25, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) 9-29 1945 (b) H. J. Wettlebuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1945 hour 10 minute 30 pm

21. I hereby certify that I attended the deceased from Aug, 1942, to Sept 22, 1945
that I last saw her alive on Sept 22, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Valvular Heart Dis	3 yr
Chr Grat Calcio Sclerosis	3 yr
Chr Nephritis	2 yr
Due to	
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 C. R. Jimison (M. D. ~~or other~~)

Address 234 Ill Ave Date signed 9/24/45

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(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 Earl a Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.