S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42377

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2827

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution: O'Sullivan Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Months (Specify whether

In this community 42 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis 96

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington 5 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Harry L. Coe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M C

5. Color or race W

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

6. (b) Name of husband or wife Missouri Walk Boyd

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

7. Birth date of deceased Dec (Month) 27 (Day) 1868 (Year)

8. AGE: Years 76 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Mfg Represantative

FATHER
12. Name Lewis Coe
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary S. Root
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Robert L. Coe

(b) Address 7311 Pershing

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar.

19. (a) 12-17-45 (Date received local registrar) (b) [illegible] M D (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12/11 day 45 year 7.20 hour AM minute M.

21. I hereby certify that I attended the deceased from 8/10/45, 19, to 12/10/45, 19; that I last saw him alive on 12/10/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Arteriosclerosis General Cerebral Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other) DO

Address 7320 Florissant Rd Date signed 12/14/45

(Licensed Embalmer's Statement on Reverse Side)

Dr C. N. Saterno
7320 Florissant Rd
Go 7999. Office
Go. 5525 Res

## 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 Jas. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6140 Delmar

**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.**