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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10723

FILED APR 1 1946  
Registration District No. 317

Primary Registration District No. 6076

State File No. \_\_\_\_\_  
Registrar's No. 732

1. PLACE OF DEATH: St. Louis  
(a) County Manchester  
(b) City or town Manchester  
(c) Name of hospital or institution Manchester Nursing Home  
(d) Length of stay: In hospital or institution 11  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 3623 Sulphur  
(e) If foreign born, how long in U. S. A. 1 years

3. (a) PRINT FULL NAME Mary E. Coffey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 24  
year 1946 hour 8:30 minute 9 A.M.

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased December 7 1867

21. I hereby certify that I attended the deceased from Feb 3 1946, to Mar 24 1946  
that I last saw her alive on Mar 23 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 17 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.  
9. Birthplace St. Louis Mo.

Immediate cause of death Cerebral hemorrhage Duration 1 day  
Due to hypertension

10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name John Gaitley  
13. Birthplace Ireland

Due to Previous Cerebral Hemorrhage  
Other conditions Generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

14. Maiden name Wink  
15. Birthplace Mo.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Ralph E. Coffey  
(b) Address 3623 Sulphur

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-27-46  
(c) Place: burial or cremation \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director John J. Stewart  
(b) Address 1225 Union Blvd.

23. Signature Chas Coffey (M. D. or other) MD  
Address Cree Coeys Date signed 3-25-46

19. (a) 3-28-46 (b) Chas Coffey  
(Date received local registrar) (Registrar's signature)

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

*Bernard A. J. Stearns*

Licensed Embalmer No.

3500

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.**