

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI  
 BUREAU OF THE CENSUS - STANDARD CERTIFICATE OF DEATH  
**FILED AUG 28 1946** 1005

28548  
 6835

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

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Little Sisters of Poor Florissant  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One Year  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3225 N Florissant  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Coker  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex Male 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 1 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 3  
 year 1946 hour 8 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from July 17 1946 to Aug 3 1946  
 that I last saw him alive on Aug 1 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings: None  
 Of operations None  
 Of autopsy None

Duration ???  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 7 Days 15 If less than one day hr. min.  
 9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Railroad Engineer  
 11. Industry or business \_\_\_\_\_  
 12. Name Warren Coker  
 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jane Harden Simpson  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Little Sisters of Poor (Record)  
 (b) Address 3225 N. Florissant Ave  
 17. (a) Burial (b) Date thereof 8 6 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park  
 18. (a) Signature of funeral director Jos W. Clark  
 (b) Address 1125 Hodiamont Ave  
 19. (a) AUG 5 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) None  
 (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 Joseph W. Clark M. D. or other \_\_\_\_\_  
 Address 3302 S. Winbury St Date signed 8-4-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 27386

MOTHER FATHER

Dr Bernard Flotee  
2300 Salisbury  
C E 9564

5425 P. Lemons.

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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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**