S. No. 2
OM—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 338485

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9643

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: 532 Eiler (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15

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

(d) Street No. 532 Eiler (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Georgiana Coats

3. (b) If veteran, name war None

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 Wyatt M. Coats

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

7. Birth date of deceased June 9, 1883 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Solomon Dill
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mickey
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wyatt Coats

(b) Address 532 Eiler

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.,

19. (a) NOV 12 1946 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1946 hour 3 a.m. minute M.

21. I hereby certify that I attended the deceased from July 10, 1945, to Nov. 10, 1946 that I last saw her alive on Nov. 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular cardiac failure — Duration sudden

Due to arteriosclerosis - hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 97

Major findings:
Of operations

Of autopsy

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 Kenneth E. Yochum (M. D. or other) AE

Address 4 Vo Wilmington Date signed Nov. 11/1946

(Licensed Embalmer's Statement on Reverse Side) K. E. Yochum

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. J. Wm Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis, 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.