No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3331

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 215

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Berkeley Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 mo. 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Berkeley City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4th & Garfield 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William Coghlan
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife Thedosia Eggs 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 5 (Day) 78 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	22	hr. min.

9. Birthplace Canada (City, town, or county) (State or foreign country) 2
10. Usual occupation Carpenter
11. Industry or business —
FATHER 12. Name James S. Coghlan
13. Birthplace Canada (City, town, or county) (State or foreign country) 2
MOTHER 14. Maiden name Jane Honar
15. Birthplace Ottawa, Canada (City, town, or county) (State or foreign country) 2
16. (a) Informant Son, L. E. Coghlan
(b) Address Berkeley City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Mo.
19. (a) 2-1-47 (Date received local registrar) (b) Ruth J. Ellen MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1947 hour 12 minute 16a M.
21. I hereby certify that I attended the deceased from December 12th, 1947, 19 ..., to January 28th, 1947 that I last saw him alive on January 28th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adenocarcinoma of stomach c̄ metastasis	? months
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 O

23. Signature H. Zahtz, M.D. (M. D. or other)
Address 601 Brentwood Blvd Date signed .....

(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 L. M. Shutes

Licensed Embalmer No. 3943

P. O. Address Ferguson, Ind

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.