

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3493
Registrar's No. 250

BUREAU OF THE CENSUS
FILED FEB 10 1947

Registration District No. 3 Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
228 W. Arlee
(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)

3. (a) PRINT FULL NAME Emma B. Coughlin
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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: September 13, 1866
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>80</u> | <u>4</u> | <u>20</u> | hr. min. |

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {
12. Name John Martin
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Margaret Hager
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Kofron
(b) Address 226 W. Arlee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd.

19. (a) 2-5-47 (Date received local registrar) (b) Ruth Kofron (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 228 W. Arlee (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3rd year 1947 hour 9:20 p.m. minute _____ M.
21. I hereby certify that I attended the deceased from Feb. 2 19 47 to Feb 3 19 47
that I last saw h. etc. alive on Feb 2 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis with myocardial infarction
Due to _____
Due to 940

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 Burchard Stuedt (M. D. or other) MD
Address 6066 Virginia Ave Date signed 2/7/47

MAR 28 1947

MAR 26 1947

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. Bentley
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.