

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS MATERNITY HOSPITAL
(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 INFANT MALE COKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 1 48
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr. 30 min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name WM. MONROE COKER
13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name VIOLA NICHOLS
15. Birthplace CANTON MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant ST. LOUIS MATERNITY HOSPITAL
(b) Address 630 SO. KINGSHIGHWAY

17. (a) Anatomical Board (b) Date thereof APR 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Duvau

18. (a) Signature of funeral director Rowland Morley Besmer

(b) Address 4104 Manchester

19. (a) APR 30 1948 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 4283 W. COTE BRILLIANTE (If rural, give location) 9
(e) Citizen of foreign country? 11 (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 48 hour 9:05 A minute _____ M.

21. I hereby certify that I attended the deceased from April 1
1948, to April 2, 1948
that I last saw him alive on April 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Intra cranial Hemorrhage
Due to Unknown Cause

Due to _____
Other conditions (include pregnancy within 3 months of death) 161

Major findings: Of operations _____
Of autopsy Subdural - Subarachnoid Hemorrhage

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? _____ (c) Means of injury _____

23. Signature: Charles P. Lubick (M. D. or other) MO
Address 630 S. Kings Highway Date signed 4/5/48

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.....

;) Licensed Embalmer No.....

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.