

No. 300
-10-47
5-17-39
I 3906

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34961
State File No. _____
Registrar's No. 2372

Registration District No. 277

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution ST. MARY'S 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 EUGENE LEE COATES

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 SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DECEMBER 17 1941
(Month) (Day) (Year)

8. AGE: Years 6 Months 9 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name WILLIAM HENRY COATES

13. Birthplace SWANWICK ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name IRENE ELIZABETH MILLER

15. Birthplace COULTERVILLE ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. W. M. H. COATES

(b) Address COULTERVILLE, ILL.

17. (a) REMOVAL (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COULTERVILLE, ILL.

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4700 WASHINGTON BLVD

19. (a) 10-13-48 (b) Carl A. Shipp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County RANDOLPH

(c) City or town COULTERVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 11
year 1948 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 30, 1948, to Oct 11, 1948,
that I last saw him alive on Oct 11, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemorrhage Duration 2 days

Due to Low platelet counts secondary to acute lymphatic leukemia 2 1/2 months

Due to Terminal broncopneumonia Hours

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy Hemorrhage left temporal lobe
Secondary 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signatures Removed to 8 mile (M. D. coother)
Address 9 Pickens Lane, Clayton S, Mo Date signed 10-11-48

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 Edmond Benulis

Licensed Embalmer No. 4283

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.