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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 18 1949
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42653
Registrar's No. 11417

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 min Hosp (Specify whether
In this community 58yrs 6mo 29da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3210 Hebert St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Laura M. Coughlin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daniel F. Coughlin
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 2 (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	6	29	hr. min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frederick Lammering
13. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Bokemper
15. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Daniel F. Coughlin
(b) Address 3210 Hebert St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Morrell Funeral Dirc
(b) Address 4212 St Louis Mo
19. (a) JAN 2 1949 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1948 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from Dec. 28, 1948
, 19 , to Dec 31, 1948;
that I last saw her alive on Dec. 28, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial Infarct myocardial occlusion	1 day
Due to: Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	

Major findings:
Of operations
Of autopsy Recent myocardial infarct, 1 day, nephrosclerosis

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 Martyn K. Bierman (M. D. or other)
Address 1126 St. Louis Ave Date signed 12/31/48

(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.....

Licensed Embalmer No. 2645

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.