

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3552

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>10076</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY OR TOWN <u>WELLSTON</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>WELLSTON</u>		96			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1275 PURCELL</u>				d. STREET ADDRESS (If rural, give location) <u>1275 PURCELL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>			b. (Middle) <u>COONS</u>		c. (Last)				
4. DATE OF DEATH <u>JAN-7-1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>JAN-27-1896</u>		9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>11</u>		DAYS <u>10</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>COLUMBIA-MO</u>			
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>EDWARD BUTLER</u>		13b. MOTHER'S MAIDEN NAME <u>TOWNEY BARNETT</u>		14. NAME OF HUSBAND OR WIFE <u>PAUL P. COONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-22-4417</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul P. Coons</u> ADDRESS <u>1275 Purcell</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Pector</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1947</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>metastases &amp; toxics</u>					
				DUE TO (c) <u>46 d</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Cancer of Cervix</u>				<u>1948</u>	
19a. DATE OF OPERATION <u>9-9-47</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>8-29-47</u> to <u>1-7-49</u> , that I last saw the deceased alive on <u>1-6-49</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>4952 Maryland</u>		23c. DATE SIGNED <u>1/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Tanner</u> ADDRESS <u>6107 Wetzel Bridge</u>				

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Elmo P. Padwell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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.