

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31681

State File No.

BIRTH NO. 9786-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8249

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1100 So. 9th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u> b. (Middle) <u>Sue</u> c. (Last) <u>COONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>JAN. 23-1949</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>ARTHUR COONS</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Aubuchon</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME <u>A. Coons</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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>1100 So. 9th Str.</u>

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>acute colitis</u>		<u>1 w</u>
ANTECEDENT CAUSES		DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>5710</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>120th</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5411</u>
22. I hereby certify that I attended the deceased from <u>Sept 14</u> , 19 <u>49</u> , to <u>Sept 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>49</u> , and that death occurred at <u>1:24 P.m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>H. G. Moore, M.D.</u>	23b. ADDRESS <u>917-56</u>	23c. DATE SIGNED <u>9-26-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>		

DATE REC'D BY LOCAL REG. <u>SEP 26 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen & McLaughlin</u>	ADDRESS <u>2301 K. Jayette</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. R. Casper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.