No. 300
10.48

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38592

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10286

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Infirmry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis
d. STREET ADDRESS (If rural, give location) U.R. 1803 Gaty

3. NAME OF DECEASED (Type or Print) a. (First) Leon b. (Middle) Coats c. (Last) Jr

4. DATE OF DEATH (Month) (Day) (Year) 11 25-49

5. SEX Male
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child
8. DATE OF BIRTH 4-25-41
9. AGE (In years last birthday) 8 | IF UNDER 1 YEAR Months 7 Days — | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) East St Louis Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leon Coats Sr
13b. MOTHER'S MAIDEN NAME Mary Ellis
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS X Leon Coats E. St. Louis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Oedema of Glottis
DUE TO (c) Gastric Dilatation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) 103

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 517K

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 730P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E. Taylor Cor
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify) 11-29-49
24b. DATE 11-30-49
24c. NAME OF CEMETERY OR CREMATORY Booker Washington
24d. LOCATION (City, town, or county) (State) Centerville Sta ILL

DATE REC'D BY LOCAL REG. NOV 30 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm E Affion E. St Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E Offeins

Licensed Embalmer No. 3518

P. O. Address E. St Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.