

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1951

State File No. 5977  
Registrar's No. 961

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 961	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN LEMAY		4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				d. STREET ADDRESS (If rural, give location) 402 WEST HOLDEN			
3. NAME OF DECEASED (Type or Print) THE ODORE		a. (First)		b. (Middle) F.		c. (Last) COY	
4. DATE OF DEATH JAN. 28, 1951		5. SEX male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG. 26, 1888		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE CO.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <del>FRED COY</del> HERMAN COY		13b. MOTHER'S MAIDEN NAME (UNKNOWN)		14. NAME OF HUSBAND OR WIFE LORETTA COY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. PEACETIME 493-10-9850		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LORETTA COY 402 W. HOLDEN, LEMAY, MO 23			
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Herbaceous accident</i>  INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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? <i>H-70X</i>			
22. I hereby certify that I attended the deceased from <i>1-26, 1951</i> , to <i>1-28, 1951</i> , that I last saw the deceased alive on <i>1-28, 1951</i> and that death occurred at <i>7:50 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. F. Fustel M.D.</i> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. JAN 30 1951		REGISTRAR'S SIGNATURE <i>J. B. Linn</i>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS C. HOFFMEISTER & L. CO. 7814 S. BROADWAY, ST. LOUIS, MO.			

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Louis E. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.