

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <u>StLouis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>StLouis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4356</u> OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1240 Waldron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1240 Waldron</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernice</u>		b. (Middle) <u>A</u>	
c. (Last) <u>COFFEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 13 1904</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Stanley B Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Fitzgerald</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walter J Coffey</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>self-inflicted strangulation by ligature.</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>University City, St. Louis, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>3 1 51 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>body found hanging in basement of home</u>		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 _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Arnold Willmann, Coroner</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>3/3/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-2-51</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence Mullen &amp; Sons</u>	
ADDRESS <u>5165 Delmar</u>			

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

4006

**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

*Ronald O. Yabuki*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

**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.