No. 300
10.48

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

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9820

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2762

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2269
d. STREET ADDRESS (If rural, give location): 1910 Sullivan

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): E.
c. (Last): Coffey

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1878
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hamilton Co., Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Eli Coffey
13b. MOTHER'S MAIDEN NAME: Nancy Forster
14. NAME OF HUSBAND OR WIFE: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Sarah Coffey, 1910 Sullivan Ave.

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) Cerebral apoplexy — 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) Hypertension
DUE TO (c) Arteriosclerosis

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): ~~X~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~X~~
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~X~~
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ~~X~~
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 334X

22. *I hereby certify that I attended the deceased from* June, 19 51, *to* Mar, 19 52, *that I last saw the deceased alive on* 3/22, 19 52, *and that death occurred at* 2:25p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Ennulich MD
23b. ADDRESS: 416 Rundell
23c. DATE SIGNED: 3/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-23-52
24c. NAME OF CEMETERY OR CREMATORY: ector
24d. LOCATION (City, town, or county) (State): Hamilton Co., Ill.

DATE REC'D BY LOCAL REG.: MAR 24 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis MO

*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.