

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29327
7358

State File No.

Registrar's No.

REV AUG 25 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5349 Pershing</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENN</u>			b. (Middle) <u>PALMORE</u>			c. (Last) <u>COFFELT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced - 3</u>		8. DATE OF BIRTH <u>July 11, 1900</u>		9. AGE (In years last birthday) <u>52</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Draissman</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>T.A. Coffelt</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Clatton</u>			14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.C. Hutchison, Springfield, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Presumably masive hemorrhage into</u>								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) <u>plural cavity</u>										
DUE TO (c) <u>Pulmonary tuberculosis</u>								<u>7/7/52x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Addison's disease</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>002X</u>				
22. I hereby certify that I attended the deceased from <u>July 7, 1952</u> , to <u>July 30, 1952</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>6:00a</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Philip A. Gorb, M.D.</u>					23b. ADDRESS <u>5400 Arsenal St.</u>			23c. DATE SIGNED <u>7/30/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 31 1952</u>				REGISTRAR'S SIGNATURE <u>Earl Heath</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>			

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

OCT 3 1952

DEC 2 1954

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 Arthur J. Haines

Licensed Embalmer No. 4138

P. O. Address St Louis 110

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.