

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32837
8242

State File No. _____
Registrar's No. _____

1150 SEP 23 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2749		d. STREET ADDRESS (If rural, give location) 0 24 3715 Marine Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3715 Marine Ave.		3. NAME OF DECEASED a. (First) ELIZABETH b. (Middle) COEN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5	
8. DATE OF BIRTH Sept. 3, 1892		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Foshage		13b. MOTHER'S MAIDEN NAME Minnie Held	
14. NAME OF HUSBAND OR WIFE Clarence Coen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Floyd Coen-		ADDRESS 3715 Marine 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized carcinoma, Abdominal.</i> INTERVAL BETWEEN ONSET AND DEATH 9 mo 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.			
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)		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? 1991	
22. I hereby certify that I attended the deceased from <u>Aug 22, 1952</u> , to <u>Aug 30, 1952</u> , that I last saw the deceased alive on <u>Aug 22, 1952</u> , and that death occurred at <u>7:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE: <i>Stanley M. Beck Jr MD</i> (Degree or title)		23b. ADDRESS 5040 ASD US Army Dispensary St. Louis Med. Depot. 2 Sept 52		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL Removal 4		24b. DATE 9-3-52		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
24d. LOCATION (City, town, or county) St. Louis County, Mo.		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG SEP 2 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl	

(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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 de Koningh

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.