

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40097

State File No. 10742
Registrar's No. 10742

FILED DEC 12 1952

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG., DIST. NO. 1003		Registrar's No. 10742	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>79yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>950 Beach</u>				d. STREET ADDRESS (If rural, give location) <u>5 950 Beach</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>		b. (Middle) <u>Edwards</u>		c. (Last) <u>Coultas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 14, 1861</u>	9. AGE (In years last birthday) <u>91yrs</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 1 HR. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>4 Axminster Parish Devon, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Aaron Edwards</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Jarvis</u>			14. NAME OF HUSBAND OR WIFE <u>John Coultas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Coultas</u>		ADDRESS <u>950 Beach</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				<u>Aug 52</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Hypertensive cardiovascular</u>				<u>Aug 52.</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>10yrs +</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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? _____		<u>443X</u>	
22. I hereby certify that I attended the deceased from <u>1934</u> , to <u>11-20-52</u> , that I last saw the deceased alive on <u>11-18-52</u> , and that death occurred at <u>7:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Paul Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>809 Hamilton Blvd St. Louis 12, Missouri</u>		23c. DATE SIGNED <u>11-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 21 1952</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>		ADDRESS <u>6175 Delmar</u>	

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

De Clark
Ca 2354

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 jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6178 Pilmar

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.