

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23593

State File No. ....

FILED AUG 4 - 1955

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

Registrar's No. 6171

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Pine Lawn <i>4161</i>	
c. LENGTH OF STAY (in this place) 10 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Geitner Home		e. STREET ADDRESS (If rural, give location) 432 Perry Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Myrtle		b. (Middle) R. V.	
		c. (Last) Coates	
		4. DATE OF DEATH July 15, 1955	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1887
		9. AGE (In years last birthday) 67 yrs	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
13a. FATHER'S NAME Charles H. Neum		13b. MOTHER'S MAIDEN NAME Augusta Scharinghausen	14. NAME OF HUSBAND OR WIFE Ernest L. Coates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ernest L. Coates
			ADDRESS 6432 Perry Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure	
		ANTECEDENT CAUSES	
		DUE TO (b) Arterio sclerosis	
		DUE TO (c) Hypertension	
		II. OTHER SIGNIFICANT CONDITIONS	
		Diabetes mellitus	
		Cerebro-vascular accidents	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		443X	
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?			
22. I hereby certify that I attended the deceased from 7/5, 1955, to 7/15, 1955, that I last saw the deceased alive on 7/15, 1955, and that death occurred at 2:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE P. J. Moskop, M.D.		23b. ADDRESS 5554 Victor St. St. Louis 4 Mo	
		23c. DATE SIGNED 7/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1955	
		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 18 1955		25. FUNERAL DIRECTOR'S SIGNATURE	
REGISTRAR'S SIGNATURE		ADDRESS	

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.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6175-D*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.