

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38120

FILED DEC 12 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10650**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Potosi	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 804 Richeson Rd	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) F c. (Last) Coy	4. DATE OF DEATH December 2, 1955 (Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Fred Coy	13b. MOTHER'S MAIDEN NAME Delia Wolf	14. NAME OF HUSBAND OR WIFE Elsie Coy
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Arthur Coy ADDRESS 613 Mineral Potosi Mo
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of aorta beginning in arch & extending to the iliac arteries.		DUPLICATE TO (b) Arteriosclerotic heart disease		Do not know-- treated as emergency
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE TO (c)		

19a. DATE OF OPERATION 11-14-55	19b. MAJOR FINDINGS OF OPERATION Aneurysm as detailed above.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **10-28**, 1955, to **12-2**, 1955 that I last saw the deceased alive on **12-2**, 1955, and that death occurred at **8:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE B. W. Klippel, M.D. (Degree or title)	23b. ADDRESS St. Louis, Mo. 3701 Grandel Square	23c. DATE SIGNED 12-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-55	24c. NAME OF CEMETERY OR CREMATORY Concordia MO	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. DEC 5 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Smith Funeral Home, Potosi, Missouri
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 30 1956

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 *John S. Penne*.....
Licensed Embalmer No. *419*.....
P. O. Address *St. Louis*.....

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.