

FILED JUL 20 1956

STANDARD CERTIFICATE OF DEATH

24887
 State File No. 6202

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>4 yrs.</u> | | 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 <u>3815 Dunnica Ave.</u> | | e. STREET ADDRESS (If rural, give location) <u>16 3815 Dunnica Ave.</u> | |

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|--|---------------------------|---------------------------|------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Annie</u> | b. (Middle) <u>Mae</u> | c. (Last) <u>Coker</u> | (Month) <u>June</u> | (Day) <u>29</u> | (Year) <u>1956</u> |

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|--------------------|------------------------------|--|--|--|-------------------------|---------------------------|------|
| 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>Aug. 29, 1880</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Days | IF UNDER 12 HRS. Hours | Min. |
|--------------------|------------------------------|--|--|--|-------------------------|---------------------------|------|

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| 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>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Benevolence, Ga.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Walter L. Dozier</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Greene</u> | 14. NAME OF HUSBAND OR WIFE <u>James Coker</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Klayer, 3815 Dunnica Ave.</u> | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Oremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 yrs</u> <u>2 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Nephros. nephritis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes - Sinitiz - Cachexia</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>592x</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 2/10/54, 19___, to 6/29/56, 19___, that I last saw the deceased alive on 6/24/56, 19___, and that death occurred at 8:10 P m., from the cause and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Walter H. Noecker M.D.</u> | 23b. ADDRESS <u>3108 S. Grand</u> | 23c. DATE SIGNED <u>JUL 2 '56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>July 2, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Dothan, Alabama</u> |
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| DATE REC'D BY LOCAL REG. <u>JUL 2 1956</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hofmeister Colonial Mortuary</u> | ADDRESS <u>6464 Chippewa St., St. Louis, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr H Hoefler
3108 So Grand.

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.....
Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.