

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6077

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **486**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only); OR TOWN St. Louis		c. CITY OR TOWN Glendale Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS (If outside, give location) 91 Frederick Lane	
3. NAME OF DECEASED (Type or print) First Emma Middle Cokinos Last Cokinos		4. DATE OF DEATH Month Jan. Day 16 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1877
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 16 Hours 16 Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Collinsville, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Unknown James LaBardi	
14. MOTHER'S MAIDEN NAME Mary Velouri		15. HUSBAND John Cokinos	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. INFORMANT Mrs. Walter Gross, Westfield, N.J.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction:			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease with hypertension			15 yrs.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 1. Arteriolar nephrosclerosis 2. Anemia due to Azotmeia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1
20c. TIME OF INJURY Hour 2:30 A.M. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21: I attended the deceased from Dec. 19, 1956 to Dec. 24, 1956 and last saw her alive on Dec. 24, 1956 Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. J. Mueller, M.D.		22b. ADDRESS 634 N. Grand Blvd.	22c. DATE SIGNED 1/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/16/57	23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	23d. LOCATION (City, town, or county) (State) Litchfield, Ill.
24. FUNERAL DIRECTOR Pfzitinger Mortuary, Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. JAN 16 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard momentary instruments. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. : USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ben E. Johnson*
.....

Licensed Embalmer No. *43*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.