

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037690

STATE FILE NUMBER

76509-17  
FILED NOV 10 1958

Registration District No. ....

318

Primary Registration District No. ....

1003

Registration District No. .... 10093

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 17			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony Hosp.			Length of stay in 1b 3 Days	d. STREET ADDRESS (If outside, give location) 3015 Henrietta St			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Edward DeWayne Coley				4. DATE OF DEATH Month Day Year Oct. 21 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> Baby DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 18th 1958		9. AGE (In years last birthday) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wayne Coley				14. MOTHER'S MAIDEN NAME Jacquelin Eads			
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. None		17. INFORMANT Mr Wayne Coley 3015 Henrietta St St Louis Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity DUE TO (c) 776x							INTERVAL BETWEEN ONSET AND DEATH
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.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Oct 18, 58, to Oct 21, 58 and last saw him alive on 2-21-58 Death occurred at 3:15 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Chester P. Lymfurler MD				22b. ADDRESS 3209 S. Grand		22c. DATE SIGNED 10-22-58	
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE Oct 22 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) Affton Mo.		
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.			25. DATE RECD. BY LOCAL REG. OCT 22 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith MD		

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.....  
*Not Embalmed*  
*J. J. [Signature]*  
Licensed Embalmer No.....

P. O. Address.....

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