

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045512

STATE FILE NUMBER

12173

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300 f
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5569 Maple Ave.		d. STREET ADDRESS (If outside, give location) 5569 Maple Ave.	
Length of stay in lb 28 yrs. 10 59		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM COATS			4. DATE OF DEATH Month Day Year Dec. 16, 1958.
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19th 1879
9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months 3	11. IF UNDER 24 HRS. Days 26 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Insurance Broker		10b. KIND OF BUSINESS OR INDUSTRY Travelers Inc.	11. BIRTHPLACE (City and state or country) Raymondville, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Coats		13b. MOTHER'S MAIDEN NAME Martha Carpenter	14. NAME OF HUSBAND OR WIFE Mary Coats
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. 498-10-4550	17. INFORMANT Address Mary Coats 5569 Maple Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably acute cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis with residue			1954
DUE TO (c) Acute coronary ischemia - thrombosis Arteriosclerosis cardio vascular 332X			1951 10 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 1935 to 12-16-58 and last saw ^{them} him alive on 12-13-58 Death occurred at 12-16-58 12:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Fred W. Clark M.D. (Degree or title)		22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo	22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE Dec. 18, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or country) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS A. H. BOCKLAGE 6536 Clayton Rd.		25. DATE RECD. BY LOCAL REG. DEC 17 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Demme*
Licensed Embalmer No. *919A*
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.