ORI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-020514
STATE FILE NUMBER

FILED VS MAY 25 1960

Registration District No. 310 Primary Registration District No. 2058 Registrar's No. 106

NDED

1. PLACE OF DEATH a. COUNTY St. Charles	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in Ib 2 wks.	c. CITY OR TOWN St. Johns — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp. — Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) 8622 Hume — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Ann; Middle: Coughlin; Last:				4. DATE OF DEATH Month: May; Day: 15; Year: 1960			
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 7/31/1888	9. AGE (last birthday): 71	IF UNDER 1 YEAR Months:	Days:	IF UNDER 24 HR Hours: / Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (City and state or country): St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Michael J. Duddy		13b. MOTHER'S MAIDEN NAME: Mary Touhey		14. NAME OF HUSBAND OR WIFE: James Coughlin Sr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 495-42-0866		17. INFORMANT: James Coughlin Address: 8622 Hume St. Johns, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 12 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) DIABETES MELLITUS

DUE TO (c) HYPERTENSIVE ARTERIOSCLEROTIC VASCULAR DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 AUGUST 1953, to MAY 15, 1960 and last saw her/him alive on MAY 15 1960

Death occurred at 5:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
W. G. Mullarky, M.D.	8711 St. Charles Rd (14)	5-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	May 18, 1960	Calvary	St. Louis, Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Ortmann F. Home	9222 Lackland Overland Mo	May 17 - 60	Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAY 8 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Al C Ortmann

Licensed Embalmer No. 3478

P. O. Address_____

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