MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033113
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2341

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	4002
2	4626
3	
4	0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Length of stay in 1b DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St LOUIS CO HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St LOUIS
c. CITY OR TOWN HAZELWOOD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R1 Box 329 McKelvey RD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARVEY Middle SAMUEL Last COLES
4. DATE OF DEATH Month 8 Day 11 Year 62
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-12-1910
9. AGE (last birthday) 51 — 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) CLERK
10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. RR
11. BIRTHPLACE (City and state or country) ST LOUIS CO MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME SAMUEL LINCOLN COLES
13b. MOTHER'S MAIDEN NAME EMMA WOLKEWITZ
14. NAME OF HUSBAND OR WIFE MARGARET COLES
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. P.
17. INFORMANT MARGARET COLES Address McKELVEY RD R1 BOX 329 HAZELWOOD 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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH Imm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery occlusion — Imm.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus
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 1958, to 8-11-62 and last saw him alive on 1-5-62
Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred A. Coats, D.O.
22b. ADDRESS 9553 Jackland Rd
22c. DATE SIGNED 8-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-13-62
23c. NAME OF CEMETERY OR CREMATORY FEEFEE CEMETERY
23d. LOCATION (City, town, or county) BRIDGETON (State) MO

24. FUNERAL DIRECTOR EARL Hilleman ADDRESS OVERLAND 14 MO.
25. DATE RECD. BY LOCAL REG. 8-13-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Earl [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 3501

P. O. Address Owensville Ind

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.