

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008475
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**
FILED FEB 19 1963

Primary Registration District No. **1003**

Registrar's No. **1292**

VS 300
Rev. 4/59

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28/20/7

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b 50 DAYS	c. CITY OR TOWN EAST ST. LOUIS
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 460 COLLINSVILLE AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL J. COUGHLIN			4. DATE OF DEATH Month Day Year FEBRUARY 3 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-5-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Common	9. AGE (last birthday) 73
13a. FATHER'S NAME JOHN COUGHLIN		13b. MOTHER'S MAIDEN NAME MAGGIE MC CARTY	11. BIRTHPLACE (City and state or country) EAST ST. LOUIS, ILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 493 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			14. NAME OF HUSBAND OR WIFE Delia Address 6800 Glass East St. Louis, Ill
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.)
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.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE 12-15-62 to 2-3-63 and last saw him alive on 2-3-63	
21. attended the deceased from 10:05 PM to 2-3-63 and last saw him alive on 2-3-63 Death occurred at 10:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) CHARLES K. NELSON, M.D.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 2-3-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-7-63	23c. NAME OF CEMETERY OR CREMATORY National
24. FUNERAL DIRECTOR Robins Funeral Home E. St. Louis		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	25. DATE RECD. BY LOCAL REG. FEB 6 1963
26. REGISTRAR'S SIGNATURE Loal Smith, M.D.			

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 Frank Tromp

Licensed Embalmer No. 4356

P.O. Address St. Louis Mo.

**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.**