

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021448

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5824**

**FILED JUN 7 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St Louis</b>   |   | c. STATE <b>Missouri</b><br>COUNTY   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4625 Adkins Av</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print) <b>Ralph R Coran</b>  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>31</b> Year <b>1963</b>  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>9/11/91</b>           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Draftsman</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Minnesota</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U S</b> |
| 13a. FATHER'S NAME<br><b>Albert Coran</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Madeline</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)<br><b>Yes</b>  |   | 17. INFORMANT<br>Address<br><b>Madeline Coran 4625 Adkins Av</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CEREBRAL THROMBOSIS</b>  |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>332x</b>   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><b>ARTERIO-SCLEROTIC HEART DISEASE</b>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>Month, Day, Year  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |   |
| 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.)   |   |
| 21. I attended the deceased from <b>OCT 1961</b> , to <b>MAY 31, 1963</b> and last saw him alive on <b>MAY 31, 1963</b><br>Death occurred at <b>8:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE<br><b>Paul M. Lamm, MD</b> (Degree or title)  |   | 22b. ADDRESS<br><b>3654 S. Grand</b>   |   |
| 22c. DATE SIGNED<br><b>6/1/63</b>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>6/3/63</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>New Pickers Cemetery</b>  |   | 23d. LOCATION (City, town, or county)<br><b>St Louis Missouri</b> (State)  |   |
| 24. FUNERAL DIRECTOR<br><b>Moydell Funeral Home 1926 Allen</b> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 3 1963</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b>   |   |  |   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Wesley F. Galloway*  
Licensed Embalmer No. 4950

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.