

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7169

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 4804 Delmar Bl.) Registered No. 2141  
 St. .... Ward)

**2. FULL NAME** Elizabeth G. Coffey

(a) Residence. No. 4804 Delmar St. 12 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Charles Coffey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 11 26

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) —  
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jacob Conrady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT J. O. Farney  
 (Address) 5040 Delmar Bl.

15. FILED Feb 27 1928 maul Starceoff  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1928

17. I do HEREBY CERTIFY, That I attended deceased from Jan 1922 to Feb 25, 1928 that I last saw her alive on Feb 24, 1928, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Bronchitis (Bronchiectasis)  
(non tubercular)

95C  
1001B (duration) 5 yrs. 7 mos. 7 d.

CONTRIBUTORY Chronic Myocarditis  
 (SECONDARY) (duration) ?? mos. ?? da.

18. WHERE WAS DISEASE CONTRACTED? —  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Attaman, M. D.  
Feb 25, 1928 (Address) 1460, 50 Grand Ave.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL Feb. 27 1928

20. UNDERTAKER Muller and Co. ADDRESS 5165 Delmar St.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE TO FRONT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

