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

Do not use this space.

11182

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3219

City St. Louis, (No. 4215 Neosho Street. St. ..... Ward)

2. FULL NAME Marie Helen Coulson.

(a) Residence. No. 4215 Neosho Street. St., 15 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Coulson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14, 1905.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	24	5	16.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(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.

PARENTS

10. NAME OF FATHER Henry C. Miller.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bernadina Abeln.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

14. INFORMANT Wm C Coulson Jr.
(Address) 4215 Neosho Street.

15. FILED [illegible] 19[illegible] Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1930

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1930, to March 30, 1930 that I last saw her alive on March 29, 1930, and that death occurred, on the date stated above, at 12 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

[illegible] (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 11B

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Thos B Butler, M. D.

, 19 (Address) 969 Arcade Bldg

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Apr. 2, 1930.

20. UNDERTAKER	ADDRESS
J. H. Gibken L. & U. Co.	2842 Mermaec.

N. 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.