

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

Do not use this space.

14371

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **Convent City Hospital #1**) St. **3641** Ward)

2. FULL NAME Eugene H. Coates

(a) Residence. No. **2222 A. Wyoming** St. **24** Ward. (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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corp Coates | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17-1871 | | |
| 7. AGE 59 | YEARS 1 | MONTHS 22 |
| | | DAYS 22 |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... Laundry Man (b) General nature of industry, business, or establishment in which employed (or employer)..... Retired (c) Name of employer..... | | |

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

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER James H. Coates |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn |
| | 12. MAIDEN NAME OF MOTHER Unknown |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn. |

14. INFORMANT **Earl Coates**
 (Address) **2222^a Wyoming**

15. FILED **15 1930** **Mar C. Hankley**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-9 1930**
 17. **No Physician in attendance**
 I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19....., that I last saw h..... alive on 19....., 19....., and that death occurred, on the date stated above, at **4:00 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal) due to jumping from Free Bridge and striking granite paved street.
169 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Suicide.**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH..... **172**

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **John P. ...**, M. D.
4/10 1930 (Address) **Deputy Coroner**

*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 **Oak Hill Cemetery** DATE OF BURIAL **4-12 1930**

20. UNDERTAKER **McLaughlin** ADDRESS **163 1/2 Mo ave.**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

