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

Do not use this space.

7208

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1515

City St.Louis (No. 950 Beach Ave., St. ..... Ward)

2. FULL NAME JOHN COULTAS

(a) Residence. No. 950 Beach Ave., St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Coultas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb.8,1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	11	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired building

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rudston
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Robert Coultas

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

12. MAIDEN NAME OF MOTHER Elizabeth Dolphin

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

14. INFORMANT Chas. Coultas
(Address) 950 Beach

15. FILED ..... 19 ..... Max C. Fowler REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb.5,1931 19

17. I HEREBY CERTIFY, That I attended deceased from 1920, 19..., to Feb 5, 1931, that I last saw him alive on 2/3/31, 19..., and that death occurred, on the date stated above, at 11 56 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

97

10 d

11 d (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis Arterial hypertension

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF — (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) [signature], M. D.

, 19 (Address) 870 Hamilton

*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
Westlyan Cemetery	2/7/31 19
20. UNDERTAKER	ADDRESS
Alexander and Sons	6175 Delmar

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD