

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

Do not use this space.

6410

1. PLACE OF DEATH

County..... Registration District No. 79
Township..... Primary Registration District No. 79
City St. Louis Mo (No. St. Louis Met. Hopt)

File No.....
Registered No. 1449
St. Ward)

2. FULL NAME

(a) Residence, No. 3201 Magazine St. 11 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-32

I last saw h. alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 15 min.

to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 11
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Prematurity
159
159
Other contributory causes of importance: 11

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo (STATE OR COUNTRY) 1

Date of onset
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER FATHER 13. NAME Bryan Coffman
14. BIRTHPLACE (CITY OR TOWN) Farmington, Mo (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19____
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Lillian King
16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

Manner of injury.....
Nature of injury..... D

17. INFORMANT Bryan Coffman (ADDRESS) 3201 Magazine

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) A. L. Klein, M. D.
(Address) 630 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington University DATE 2-6-1932

19. UNDERTAKER Dept. of Pathology (ADDRESS) signed as specimen

20. FILED FEB 15 1932 Max C. Starnes Registrar

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.

