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.

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

Do not use this space.
14606
~~15[illegible]~~

1. PLACE OF DEATH
County ..... Registration District No. 791 1003 File No. .....
Township ..... Primary Registration District No. ..... Registered No. 3994
City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Julia Coyne
(a) Residence, No. 3518a N Newstead St., 10 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1879
7. AGE: YEARS 53 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
FATHER
13. NAME Charles Coyne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
MOTHER
15. MAIDEN NAME Catherine Moran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) Mary Coyne 3518a N Newstead a
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 26th 1932
19. UNDERTAKER (ADDRESS) Arthur J Donnelly Und Co 2039 S Wash St
20. FILED APR 24 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to Apr 23, 1932
I last saw her alive on April 22, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Parenchymatous Nephritis	July 10 1932
121	
120	
9.10	
Other contributory causes of importance: Ch. Myocarditis	7/20 32

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. T. Duddy, M. D.
(Address) Union Club Bldg

Dr E. P. Buddy
University Cat Reg