

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **003**  
 City St. Louis, Mo. (No. 6203, Odell Ave.)

File No. **38276**  
 Registered No. **7411**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mary Anna Coffman**

(a) Residence, No. 6203 Odell Ave. St. 3 Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25th 1852

7. AGE YEARS 81 MONTHS No DAYS No If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.  
 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) Quincy (STATE OR COUNTRY) Illinois

FATHER MOTHER

13. NAME Joseph Meyer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Unknown, Stockley

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. J. E. Morris (ADDRESS) 6203 Odell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Aug. 28th 1933

19. UNDERTAKER Hauck & Schmitt (ADDRESS) 3752 S. Grand Blvd.

20. FILED AUG 28 1933 J. F. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Aug 25 1933. I last saw her alive on Aug 27 1933. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic (Date of onset) 9/30/33  
11/13  
9/30/33  
 Other contributory causes of importance: Myocarditis Chronic 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) Victor L. Gould M. D.  
 (Address) 2811 Watson, St. Louis

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933

