

**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. **1003**  
City..... **St. Louis** (No. **De Paul Hospital**) St. .... Ward)

File No. **31103**  
Registered No. **8398**

**2. FULL NAME**

(a) Residence, No. **4318 Einton** St., **90** 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 **Mamie Koughlin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1868**

7. AGE YEARS **64** MONTHS **-** DAYS **-** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Police Officer**

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) **St. Louis**

13. NAME **John H. Koughlin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**

17. INFORMANT **Mamie Koughlin** (ADDRESS) **4318 Einton St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug 18** 19**34**

19. UNDERTAKER **Arthur J. Donnell & Co** (ADDRESS) **3840 Lyndale Ave**

20. FILED **10** 19**34** **J. Beede** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG 15** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **JUNE 1** 19**33**, to **AUG 15** 19**34**

I last saw him alive on **AUG 15** 19**34** Death is said to have occurred on the date stated above, at **8:05 A.**

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

**ARTERIOSCLEROSIS 1931**  
**(GENERAL)**  
**108**

Other contributory causes of importance: **AUG**  
**AC. LOBAR PNEUMONIA 13-34**

**terminal PRT. SID E**  
Name of operation **Case unknown** Date of

What test confirmed diagnosis? **No** 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?

If so, specify **Francis J. Medler**, M. D.

(Address) **4114 W. FLORISSANT**

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. AUG 21 1934

NR Med Corp  
4114 Florida

CO 2783

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