NOV 13 1934

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

Do not use this space.

37488

File No. 9932

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Missouri Pac Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank John Coyle

(a) Residence, No. 1035 Leslie Street St. Louis Ward. Atchison Kan

(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: 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 Helen Coyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30-1881

7. AGE: Years 53 | Months 5 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B.R. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo-Pacific

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilkes-Barre Pa

FATHER

13. NAME John Coyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Margaret Doyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Helen Coyle Atchison Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison Kans DATE 10-14 1934

19. UNDERTAKER (ADDRESS) Albert J. Hoppe 429 N. Euclid

20. FILED OCT 10 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1934 to 10-10 1934

I last saw him alive on 10-10 1934 and death is said to have occurred on the date stated above, at 12:45 p.m.

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

Hypertension

Chronic myocarditis

Fractured Ribs (left)

fell to floor of Hospital

Other contributory causes of importance: two weeks before death

Name of operation Autopsy 10/10/34 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/30 1934

Where did injury occur? St Louis Mo (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 Fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl E. Freund, M. D.

(Address) Mo Pac. Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

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