

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.

APR 25 1935

11440

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248, B
City Rock, Mo (No. Rock, Hospital) St. _____ Ward _____

File No. _____

Registered No. 92

2. FULL NAME

Elizabeth Coeran
(a) Residence, No. 01029 Emmett St. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof.

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) Austria

FATHER 13. NAME John Oberle

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

MOTHER 15. MAIDEN NAME Mary Goding

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

17. INFORMANT (ADDRESS) Robt. Koch Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE MISSOURI' Crematorium DATE Mar 12 35

19. UNDERTAKER (ADDRESS) W. E. Moydell
1926 of Adams

20. FILED March 12, 1935 E. Maurer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1935, to March 10, 1935

Last saw her alive on March 9, 1935. Death is said

to have occurred on the date stated above, at 12:59 pm.

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

Pulmonary Tuberculosis Date of onset 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-rays, sputum 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 _____

(Signed) R. E. Sore, M. D.

(Address) Rock, Mo

