

WHITE CORNER, 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.

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

SEP 16 1935

**791**  
**1003**

Do not use this space.

27740

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City *St. Louis, Mo* (No. *City, Indivisary*)..... St. .... Ward)

File No.....  
 Registered No. **6789**

**2. FULL NAME**

(a) Residence, No. *5804 Arsenal* St., *13* Ward.  
 (Usual place of abode) *City, Indivisary* (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *33* yrs. - *mos. 7* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 2 1837</i>		
7. AGE	YEARS <i>97</i>	MONTHS <i>8</i>
		DAYS <i>5</i>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>unknown</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>~</i>	
	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) <i>Pennsylvania</i>		
FATHER	13. NAME <i>Henry Coates</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
MOTHER	15. MAIDEN NAME <i>Lulu Veoper</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
17. INFORMANT (ADDRESS) <i>E. Molony 5704 Arsenal St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Dedemeter Cem.</i> DATE <i>Aug. 9 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Richardson Funeral Home 1936 N. Linn Ave.</i>		
20. FILED <b>AUG -9 1935</b> <i>J. F. Brebeck</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 7, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *August 21, 1935* to *August 7, 1935*  
 I last saw him alive on *August 7, 1935* Death is said to have occurred on the date stated above, at *10:00 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Myocarditis chronic*  
*Arteriosclerosis*  
 Date of onset: \_\_\_\_\_

Other contributory causes of importance: *430*

Name of operation..... 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?..... 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) *C. J. Wilentz* M.D.  
 (Address) *Galatin Hospital*

Send to

1936 St. Louis Ave.