

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**

JAN 13 1936

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Anthony's Hosp St. Ward)

Registration District No. 791
Primary Registration District No. 1008

File No.
Registered No. 41403
10626

2. FULL NAME

(a) Residence, No. 2913 1/2 Mercamee St., 15 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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
Still | 3 | 50 | min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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, Mo

MOTHER / FATHER 13. NAME Charles F. Coker

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

MOTHER 15. MAIDEN NAME Rose Lee

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

17. INFORMANT Mr. C. F. Coker
(ADDRESS) 2913 1/2 Mercamee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 12/17

19. UNDERTAKER Southern Und. Co
(ADDRESS) 6327 S. Grand

20. FILED DEC 16 1935 19. J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1935

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw her alive on December 16, 1935. Death is said to have occurred on the date stated above, at 109 m. 1 a.m.
The principal cause of death and related causes of importance were as follows:

Stillbirth
Prematurity
Date of onset 10

Other contributory causes of importance:
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) Dr. W. H. Walters, M.D.
(Address) 3608 S. Grand Blvd.

Dr. Walters
Inverna Bldg.

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