

JAN 19 1936

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

Do not use this space.

41790

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **St. Louis** Primary Registration District No. **1003**
City **St. Louis** (No. **3846 Lead**)

File No.
Registered No. **11038**
St. Ward)

2. FULL NAME

(a) Residence, No. **3846 Lead** St. **177** 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 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 Anna Coakley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1872		
7. AGE	YEARS 63	MONTHS 1
	DAYS 23	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. Lauerhaupt
	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) **Dreand**

13. NAME **Unknown**

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

15. MAIDEN NAME " "

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

17. INFORMANT **Anna Coakley**
(ADDRESS) **3846 Lead**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **12/30 1935**

19. UNDERTAKER **Test Bros**
(ADDRESS) **2029 2 1/2 St. Louis**

20. FILED **25 1935** 19
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 27 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 22 1935**, to **Dec 27 1935**

I last saw him alive on **Dec 27 1935**. Death is said to have occurred on the date stated above, at **8 A.M.**

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

Coronary sclerosis
P.H.P.

Date of onset **1935**

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** 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) **J. Predeck**, M. D.
(Address) **622 St. Louis**

WRITE PLAINLY, 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.

