

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.

MAY 7 1936

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

Do not use this space.

17554

791

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

Township W. 11

Primary Registration District No. 1003

City St. Louis (No. 13-931)

File No. 4336

Registered No. 4336

St. Ward

2. FULL NAME

Emma Coffmann

(a) Residence, No. 2521 St. W. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>36</u>	<u>5</u>	<u>3</u>	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Nov 1935 Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pennsylvania

FATHER

13. NAME James Demme

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Mary Reese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT St. Louis City Health Dept

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 22 1936

19. UNDERTAKER Culligan Bros (ADDRESS) 1210 N Grand Blvd

20. FILED APR 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18 1936 to 4/19/36 1936

I last saw her alive on 4/19 1936 Death is said

to have occurred on the date stated above, at 2:10 p.m.

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

Lobar Pneumonia
left upper lobe
108

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 _____ 1936

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) E. P. Nelson M. D.

(Address) City St. Louis

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