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

AUG 18 1936

Do not use this space.

File No. 28459
Registered No. 7223

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. Little Sisters of Poor St. ..... Ward)

2. FULL NAME Mary F. Coast

(a) Residence, No. 7229 Nottingham St., N R Ward. St. Louis Co. Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	10	26	

OCCUPATION

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

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) Texas

FATHER

13. NAME James Bailey

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

MOTHER

15. MAIDEN NAME Elizabeth Scheuer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. Eugene Dalton
(ADDRESS) 7229 Nottingham ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive cem. DATE July 16, 36

19. UNDERTAKER C. Hoffmeister U.&L.Co.
(ADDRESS) 4614 S. Broadway

20. FILED JUL 15 1936 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 36

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 14, 1936.
I last saw h. alive on July 14, 1936. Death is said to have occurred on the date stated above, at 12.30 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7/5/36

Other contributory causes of importance:

Arteriosclerosis	7/5/36

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) J. B. Bergen, M. D.
(Address) 3165 S. Grand

3100 S. Grand Ave.