

DEC 3 1936

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

Do not use this space.

791

42667

## 1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 1003

City. St. Louis, Mo. (No. 3449, Wyoming Street

File No. ....

Registered No. 11175

St. 11175 (Ward)

## 2. FULL NAME Mrs. Caroline Coibion

(a) Residence, No. 3449 Wyoming Street, St. 16 Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Mr. Michael Coibion

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

March 18th, 1863

7. AGE

YEARS

73

MONTHS

7

DAYS

21

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Household

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. Genevieve, Missouri

13. NAME

George Sexauer

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

Germany

15. MAIDEN NAME

Franciaca Perret

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

France

17. INFORMANT (ADDRESS)

Mr. Wm. Coibion  
3449 Wyoming

18. BURIAL, CREMATION, OR REMOVAL

PLACE Our Redeemer DATE 11/11/36

19. UNDERTAKER (ADDRESS)

Beiderwieden Funeral Home, Inc.  
1936 St. Louis Avenue

20. FILED NOV 10 1936

J. Beudeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936 to Nov. 8, 1936

I last saw her alive on Nov. 7, 1936. Death is said to have occurred on the date stated above, at 5 A.M.

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

Date of onset

Apoplexy  
(Cerebral Hemorrhage) Nov. 4

Other contributory causes of importance:

Arteriosclerosis  
with Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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? No

If so, specify.....

(Signed) Henry P. Gravel, M. D.

(Address) 2945 Cherokee St.

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.

Aug 14, 1958

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