DEC 3 1936

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 11358

Township ..... Primary Registration District No. ..... Registered No. 11358

City St. Louis (No. Park Lane Memorial Hospital St. ..... Ward)

2. FULL NAME Pauline Coupin,

(a) Residence, No. 323 Lafayette Ave. St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 William Coupin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1894

7. AGE: YEARS 42 | MONTHS 8 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME John Reecer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Anna Fritz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) William Coupin, 323 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Nov. 16, 1936

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 Broadway

20. FILED ..... 19.. J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 2, 19.., to Nov 13, 1936

I last saw h— alive on Nov 13, 19.. Death is said to have occurred on the date stated above, at 2:52 m. A.M.

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

Intestinal Obstruction

Date of onset

Other contributory causes of importance: H6C

Carcinoma

T. V. Colon

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) Tom J. Smith, M. D.

(Address) 36 N So Bay

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.