

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

St. Louis

(No.)

Registration District No.....

Primary Registration District No.....

City Hospital No.1

791

1003

25620

File No.....

Registered No.....

6794

St.

Ward)

C. 4437

2. FULL NAME.....

Nancy Coats

(a) Residence, No.....

1942 Fairmount

St.

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

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

Widow of Wm. O. Coats

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

June 20, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

82-

0

24

OCCUPATION

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

nil

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)

Tennessee

MOTHER FATHER

13. NAME

? Goodman

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Valhalla

DATE July 16

1937

19. UNDERTAKER

Robert J. Ambruster

(ADDRESS)

Clayton Road at Concordia Lane

20. FILED

JUL 15 1937

J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/14/37

19

22. I HEREBY CERTIFY, That I attended deceased from

7/7/37

19

to

7/14/37

19

I last saw her alive on 7/14/37, 19

Death is said

to have occurred on the date stated above, at 12.55 a

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

Bronchopneumonia

Date of onset
7/11/37

Other contributory causes of importance

Senile Dementia ?

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

What test confirmed diagnosis? Chest Was there an autopsy? no

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

Thos W. Soam

(Signed)

, M. D.

(Address)

City Hospital No.1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2002

