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

OCT 26 1937

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 35348

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 402

City Jefferson Barracks (No. VAF. St. Ward)

2. FULL NAME COUGHLIN, John Henry

(a) Residence, No. 4350a Linton Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mrs. Blanche Coughlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 14, 1895

7. AGE: YEARS 42 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stage Hand
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): Saint Louis, Missouri.

FATHER

13. NAME: John Coughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

MOTHER

15. MAIDEN NAME: Mamie Perrin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cent. DATE Oct 2 1937

19. UNDERTAKER (ADDRESS): Don Nelly 3840 Lindell Blvd

20. FILED Sept 30 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1937, to September 29, 1937

I last saw him alive on September 29, 1937. Death is said to have occurred on the date stated above, at 4:15 P.m.

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

	Date of onset
Aortic Stenosis with mild insufficiency.	Unkn.
Aortitis with moderate dilatation of ascending arch of aorta, etiology undetermined.	Unkn.
Other contributory causes of importance:	
Pneumonia, lobar, lower lobe, left.	Unkn.
Circulatory disturbance due to obstructional lesion of the aortic valve.	Unkn.

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Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 of injury in any way related to occupation of deceased?

If so, specify C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Missouri.