

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791**

36255  
Do not use this space.

1. PLACE OF DEATH  
 (a) County NOV 15 1937 Registration District No. 1008  
 (b) Township..... Primary Registration District No. 9 Registered No. 9832  
 (c) City St. Louis (d) Street No. Enroute to City Hospital #1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond M. Coyle  
 (a) Residence, No. 4155 Schiller Pl. St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 May Coyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 0 2

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

9. Industry or business in which work was done, as 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.

13. NAME Thomas Coyle

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

15. MAIDEN NAME Dora Fitting

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

17. INFORMANT (ADDRESS) Elmer Coyle 4155 Schiller Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE 10-25 1937

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED OCT 23 1937 J. F. Bredeck Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Dislocation and Fracture of 1st Cervical vertebrae due to being Struck by parties unknown to the Jury, in alley between 2nd & 3rd St. on the south side of Gratiot St.

Other contributory causes of importance: about 5:00 P.M., Oct. 21, 1937.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy Yes..

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide Date of injury 10/21/37  
 Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury..... See Above.  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify.....  
 (Signed) Alfred J. ... M.D.  
 (Address) ...

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.

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 2  
 1  
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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Edwin M. Bernath*

Licensed Embalmer No. *3024*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**