

JAN 10 1938

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

43069  
Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. **791**  
(b) Township \_\_\_\_\_ Primary Registration District No. **1003**  
(c) City **ST. LOUIS** (d) Street No. **DESHOKE HOSP** Registered No. **11319**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **James Coats**

(a) Residence, No. **White Hall Illinois** St. **NR WHITE HALL ILLINOIS**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **NEWLIE COATS**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**64 4 11**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Night Watchman**  
9. Industry or business in which work was done, as saw mill, bank, etc. **WAREHOUSE**  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation **10**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GLASGOW ILLINOIS**

13. NAME **SANDERS COATS**

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

15. MAIDEN NAME **MARY BRESHEER**

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

17. INFORMANT (ADDRESS) **MRS. NEWLIE COATS WHITE HALL ILL.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WHITE HALL ILL.** DATE **12/7/37**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. BERGER 4715 M. PHERSON**

20. FILED **DEC 9 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 4 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11/13 1937, to 12/4/1937**

I last saw him alive on **12/4 1937** Death is said to have occurred on the date stated above, at **11:30 A.M.**

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

**Cardiac Failure with generalised toxemia no definite disease of heart** Date of onset **129**

Other contributory causes of importance: **Hemorrhage into Bronchi, Pericardium, Pelvic Peritonitis, curie's disease, operation for hypertrophy of prostate gland**  
Name of operation: **Prostatectomy** Date of operation: **12/1/37**  
What test confirmed diagnosis? **N.P.I.V.** Was there an autopsy? **Yes**

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) **H. M. O'Donnell**, M. D.  
(Address) **1325 S. Grand**

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.

7/13

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STATEMENT BY LICENSED EMBALMER

I, Lawrence J. Dirus, Licensed Embalmer No. 3988

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lawrence J. Dirus  
Licensed Embalmer No. 3988

**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.)**