

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH16610
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. LouisRegistration District No. 791
Primary Registration District No. 1008

Registered No. 4471

(d) Street No. City Hospital No. 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.

D. 2080

2. PRINT FULL NAME

Betty Coyle U.O.O.
(a) Residence, No. 2024 South 9th St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/38 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 5/13/38 19, to 5/14/38 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1938

I last saw her alive on 5/14/38 19. Death is said to have occurred on the date stated above, at 5:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 22

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

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

Date of onset

Broncho-pneumonia 1938
Primary

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

Other contributory causes of importance: 107a

13. NAME Penn Coyle 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Zella Thomas 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

17. INFORMANT Hosp. Info Dept. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood DATE 5/16/38 19

19. FUNERAL DIRECTOR (NAME) J. W. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED MAY 16 1938 J. D. Budick Local Registrar

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?..... 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? No.
If so, specify

(Signed) J. W. Bennett 1, M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. R. Cooper

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 Lafayette

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.)

If this body is not embalmed, above space should be left blank.