

REC'D JUL 12 1938

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

19874

Do not use this space.

5013

1. PLACE OF DEATH

(a) County
(b) Township
(c) City of St. Louis (d) Street No. St. John's Hospital St.
(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. da.

2. PRINT FULL NAME Beatrice Coreman

(a) Residence, No. 517 Rutger Street St. 22 (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 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 Widowed Wife of Hubert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Belgium

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Emile Coreman
1242 S. 6th Street

18. BURIAL OR REMOVAL to St. John's Cem.
PLACE Granite City, Ill. 5/28/38

19. FUNERAL DIRECTOR (ADDRESS) A. M. McLaughlin
2301 Lafayette Avenue

20. FILED JUN 1 1938 J. P. Brueck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 26 1938

I last saw et. alive on May 25 1938. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Carcinoma
(Liver)
Carcinoma -
stomach, Primary

Date of onset
?

Other contributory causes of importance:

Name of operation Opening abscess Liver Date of 5/2/38What test confirmed diagnosis? Pathological 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? NO

If so, specify Pierce W. Powers, M. D.
(Signed) _____

(Address) 2531 So. Jefferson

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STATEMENT BY LICENSED EMBALMER

I, L.R. Coape, Licensed Embalmer No. 3633

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 L.R. Coape
Licensed Embalmer No. 3633

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.)