

REC'D JUL 12 1938

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

20186

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. **5234 Louisiana Ave.** Registered No. **5325**  
 (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 **Mary Elizabeth Coyle**

(a) Residence, No. **5234 Louisiana Ave.** St. **15**  
 (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 **Female** 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 **Laughlin Coyle**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 30th, 1874.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**63** **9** **12**

OCCUPATION 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) **St. Louis, Mo.** **0**

FATHER 13. NAME **Unknown** **4**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **9**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Laughlin Coyle**  
**5234 Louisiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June- 13- 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle**  
**2331 S; Broadway**

20. FILED **JUN 12 1938** **J. P. Bredeck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June, 11th.** 19 **38**22. I HEREBY CERTIFY, That I attended deceased from **June 37** 19 **38**

I last saw her alive on **June 37** 19 **38** Death is said to have occurred on the date stated above, at **12.30 a.m.**

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

**Cerebral Hemorrhage**  
**J. P. Bredeck**  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Carl J. Rein** M. D.(Address) **3725 Washington**

**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,

*T. Robert Ciochela*

or by

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

Signed

*Robert Ciochela*

Licensed Embalmer No.

*2128-*

P. O. Address

*St. Louis, Mo.*

**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.**