

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.

1938

LEED NOV 4 1938

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Carondelet Primary Registration District No. 200
 City St. Louis, Mo. (No. Not St. Rose Hospital) St. 1609 Ward

2. FULL NAME John M. Coffey
 (a) Residence, No. 9618 Perrier St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 36895

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1889

7. AGE YEARS 49 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

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

FATHER

13. NAME John M. Coffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Maggie Trindable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Augusta M. Coffey (ADDRESS) 9618 Perrier

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcellus DATE Oct 5-38 19

19. UNDERTAKER Fenchler Koch (ADDRESS) 744 S. Grand

20. FILED OCT 6 1938 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Oct. 5, 1938
 I last saw him alive on Oct. 5, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Far Advanced Bilateral Pulmonary Tuberculosis Date of onset 3 yrs

Other contributory causes of importance: 22'

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) E. E. Gerson M. D.
 (Address) St. Rose Hospital

I under my certificate that I have entered
the ledger of John McCaffrey

Sci. # 2697

Harry J. Schumacher
744 Genney Ferry R