

DEC 12 1938

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

Do not use this space.

9721
37657

1. PLACE OF DEATH

County St. Louis Registration District No. 1
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. Salvation Army Hosp.) St. 9984 Ward

2. FULL NAME

245 David Coughlin
(a) Residence, No. Salvation Army Hosp. St., 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-1938, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 10-24-38, 19, to 11-7-38, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1938

I last saw h. 22 alive on 11-6-38, 19. Death is said to have occurred on the date stated above, at 10³⁰ a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

Malnutrition
Congenital syphilis
Pre-maturity
Other contributory causes of importance

Date of onset
10-24-38
10-24-38
10-24-38

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

13. NAME unknown

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

15. MAIDEN NAME Jean Coughlin

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

17. INFORMANT (ADDRESS) Jean Coughlin, Salvation Army Hosp. City

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington, D.C. 11-19-38

19. UNDERTAKER (ADDRESS) Washington, D.C.

20. FILED NOV 10 1938 J. B. Bedeck Registrar

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

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) J. B. Bedeck, M. D.
(Address) 14162 N. Euclid Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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