

APR 26 1939

MAY 11 1939

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

16185  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Koch (d) Street No. Koch Hwy Registered No. 754  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Meredit Coffey  
(a) Residence, No. 1825 Warren St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geraldine McLean  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1905  
7. AGE YEARS 34 MONTHS 1 DAYS 21 IF LESS than 1 day, .....hrs. or .....min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as Armature-winder  
9. Industry or business in which work was done, as Electric Plant  
10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perryville (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Coffey

14. BIRTHPLACE (CITY OR TOWN) Perry County (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Margaret Fowler

16. BIRTHPLACE (CITY OR TOWN) Charleston, (STATE OR COUNTRY) South Carolina

17. INFORMANT Koch Hospital records (ADDRESS) Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4/28 1939

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

20. FILED APR 26 1939 S. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-39, 19  
22. I HEREBY CERTIFY, That I attended deceased from 2-9-38 to 4-25-39  
I last saw him alive on 4-25-39, 19... Death is said to have occurred on the date stated above, at 9:45 p. pm.  
The principal cause of death and related causes of importance were as follows:

Pylephlebitis Date of onset 4-25-39  
Acute appendicitis 4-18-39  
121  
Other contributory causes of importance:  
Pulmonary tuberculosis 1937  
Name of operation appecdectomy Date of 4-18-39  
What test confirmed diagnosis? X-ray & sputum 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 \_\_\_\_\_ (Signed) Joseph T. Mahan, M. D.  
(Address) Koch Hospital, Koch, Mo

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.

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul A. Keith  
Licensed Embalmer No. 3612  
P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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