DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34362

Registration District No. 1003 791

Primary Registration District No.

Registrar's No. 8930

1. PLACE OF DEATH:

NOV 13 1939

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community - 36 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn NR
(If outside city or town limits, write "RURAL")

(d) Street No. 3100 Gary Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 36 years

3. (a) PRINT FULL NAME Patrick J. Coyne 5

3. (b) If veteran, name war none

3. (c) Social Security No. 492-07-9347

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Margaret Coyne

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 17 (Day) 1882 (Year)

8. AGE: Years 57 Months 7 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Meat Packer

11. Industry or business Krey Packing Co. 5

FATHER
12. Name Chas. Coyne 5
13. Birthplace (City, town, or county) Ireland 5 (State or foreign country)

MOTHER
14. Maiden name Catherine Moran
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Margaret Coyne
(b) Address 3100 Gary Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) OCT 19 1939 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1939 hour 8 minute 8. M.

21. I hereby certify that I attended the deceased from Sept 8, 1939, to Oct 18, 1939; that I last saw him alive on Oct 17, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Urinary Bladder	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Glenn M. D. (M. D. or other)

Address 958 Arcade Bldg. Date signed Oct 18/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39

Arcade Bldg. Until 1 pm.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.