DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4695

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1525

1. PLACE OF DEATH:

(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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME HELEN Coultas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased June (Month) 7 (Day) 1920 (Year)

8. AGE: Years 19 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Bristow (City, town, or county) Indiana - 1 (State or foreign country)

10. Usual occupation Student 1

11. Industry or business 1

FATHER
12. Name Dr. Porter J. Coultas
13. Birthplace Gatchel (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Amy Lee Hilt
15. Birthplace Lincoln City (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Mrs. P. J. Coultas
(b) Address Tell City, Indiana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation All Tell City, Indiana

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 14 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County

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

(d) Street No. 809 Main St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 th
year 1940 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1940, to Feb 13, 1940, that I last saw her alive on Feb 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Tumor Malignant	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

53

Major findings:
Of operations Brain Tumor 25-IX-39 craniotomy
Of autopsy Brain Tumor 13-II-40

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 W. Baumgarten Jr. (M. D. or other) MD
Address St. Lukes Hosp. Date signed 13-II-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....Guy W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

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

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