

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33920

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 861

PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Emmale City Hosp #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Lee Willy Coffey

3. (b) If veteran, name war NO
3. (c) Social Security No. 489-09-1509

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife LILLIAN
6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Aug 14 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 14
If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Auto trimmer

11. Industry or business Fisher Body Co.

12. Name Repeant & Coffey

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Annora Blahney

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm B. Coffey

(b) Address Carve Cove Mo

17. (a) Burial (b) Date thereof Oct 21 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Chas F. Stuey

(b) Address 1225 Marion St.

19. (a) OCT 19 1940 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carve Cove
(c) City or town Route #2
(If outside city or town limits write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) If foreign born, date born in U. S. 18 Oct. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Oct.
year 1940 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute stenosis with concentric hypertrophy of the left ventricle, chronic glomerulonephritis, aortic atherosclerosis.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (Means of injury) _____

23. Signature Wm B. Coffey (M. D. or other) _____

Address Carve Cove Mo Date signed 10/19/40

MAY 18 1948

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

Bernard A. J. Stuart
3500

Licensed Embalmer No.

P. O. Address

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.