

12-40  
7-39  
K23159

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2453

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis Co. Hospital  
(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 Eugene Frances Coughlin

3. (b) If veteran, name war Worlds War

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ireane Coughlin

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased May 25, 1897  
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 0  
If less than one day

\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Martin Coughlin

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Hark

15. Birthplace Connecticut  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marcella Coughlin

(b) Address 6164 Etzel Ave.

17. (a) Burial (b) Date thereof Dec. 28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director JOS. W. CLARK

(b) Address 1125 Hodiament Ave.

19. (a) DEC 27 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6164 Etzel Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1940 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Struck by auto while a pedestrian on a public highway, 12/25/40

Due to Frac. skull; compound fracture of both legs;

Due to Shock.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy No

Duration \_\_\_\_\_

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) Accident

(b) Date of occurrence Dec. 25, 1940

(c) Where did injury occur? St. Louis County  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place.

While at work? No. (Specify type of place) \_\_\_\_\_  
(e) Means of injury Accident

23. Signature Louis H. Boyd (M.D. or other) \_\_\_\_\_

Address Kirkwood, Mo. 12/25/40 Date signed \_\_\_\_\_

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

**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..... *A. J. Kelly*.....

Licensed Embalmer No. *3225*.....

P. O. Address: *1125 Hodkinson*.....

**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, fact should be so stated above.**