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13-40  
7-39  
X23159

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4934

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4776 Green Ave  
(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 Mary Coen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color of face White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Corneshe

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

MOTHER FATHER  
12. Name Michael Coen  
13. Birthplace Dublin, Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Coffey  
15. Birthplace Shelduff  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Coen  
(b) Address 4776 Green

17. (a) Burial (b) Date thereof 6-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 6 always

18. (a) Signature of funeral director Sullivan  
(b) Address 4776 Green

19. (a) JUN 15 1941 (b) J. A. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 600  
(c) City or town St. Louis 21?  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2613 Sheridan  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13<sup>th</sup>  
year 1941 hour 5 minute 20 A.

21. I hereby certify that I attended the deceased from Jan 1941  
\_\_\_\_\_, 19\_\_\_\_, to June 13, 1941  
that I last saw her alive on June 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis with gen. art. sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Stroke Deceased  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy asc  
13

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) \_\_\_\_\_  
(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. A. Breda (M. D. or other) \_\_\_\_\_  
Address 2901 E. Easton Date signed 6/13/41

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

*Handwritten:* H.A. 0111  
H.A. 0111  
to 3421

**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

*Albert Mayfield*

Licensed Embalmer No.

*3077*

P. O. Address

*St Louis Mo*

**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.**