

FILED FEB 24 1942

State File No.

Registration District No. 7911

Primary Registration District No. 10

Registrar's No. 345

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:
5017a Page Ave. 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5017a Page Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH J. COFFEY.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Daniel J. Coffey 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 10 1852.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 2 1 hr. min.

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

10. Usual occupation None.

11. Industry or business None.

12. Name Dennis Conway

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

14. Maiden name Don't know

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

16. (a) Informant Edward J. Coffey.

(b) Address 6303 Bartmer Ave.

17. (a) Burial (b) Date thereof Jan 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc

(b) Address 5966 Easton Ave.

19. (a) JAN 12 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1942 hour 5:15 minute P.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.....
Myocardial infarction
arteriosclerosis
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 97

Major findings:
Of operations.....
Of autopsy.....

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?.....

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

23. Signature Alfred Perry (M. D. or other)
Address Wentz... Date signed 1/12/42

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

MOTHER FATHER

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 3457

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address 5766 Easton St. Lm

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.