

Registration District No. _____

Primary Registration District No. 1003

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:
1638 N. 18th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dade
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1638 N. 18th. St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Coyne
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 Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased Feb 14th. 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {
12. Name Thomas Coyne
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs May G.G. Quinn
(b) Address 5643 Cabanna Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/42
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cent

18. (a) Signature of Hennigan & Sheehan Und Co
(b) Address 4415 Washington Blvd.

19. (a) FEB 4 1942 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 2nd.
year 1942 hour 4:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 22 1942 to Feb 3 1942
that I last saw her alive on Feb 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
Arterial Sclerosis, old
Duration 1000?
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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)
() Means of injury _____
23. Signature J. D. [Signature] (M. D. or other)
Address 2305 W. [Signature] Date signed 2/5/42

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 *Homer N. Britz*

Licensed Embalmer No. *3882*

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, fact should be so stated above.