V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16045

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4638

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

000
17
9

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: St Marys Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether

In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000 17 9

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

(d) Street No. 1511-S. 2nd St 0
(If rural, give location)

(e) Citizen of foreign country? American Bank (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Coats

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Burnett Coats

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased ~~33~~ (Month) 16 (Day) 33 (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	—	16	hr. min.

9. Birthplace Memphis Shelby Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Domestic

FATHER
12. Name Arthur Arnold
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruby Smith
15. Birthplace So Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant A. H. Burks
(b) Address 1519 S 3rd St

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof May 29th 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson County

18. (a) Signature of funeral director B. C. Houston Jr
(b) Address 2812 Thomas St

19. (a) MAY 28 1942 J. F. Bridick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1942 hour 1:10 minute a. M.

21. I hereby certify that I attended the deceased from 22nd May, 1942 to 24th May 1942;
that I last saw him alive on 22nd May 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to —

Due to

Other conditions 59
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. Beaton (M. D. or other)

Address 2743 Franklin Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 2266

P. O. Address 2512, Thomas, St.

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.