

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28135
State File No.

FILED SEP 8 1942
Registration District No. 101

Primary Registration District No. 101

Registrar's No. 1687

96
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
61 Arundel Place
(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 St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 61 Arundel Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME Mary E. Coburn
3. (c) Social Security
(b) If veteran, name war..... No.....

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward L. Coburn 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 9th, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 29 hr. min.

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

10. Usual occupation At. Home

11. Industry or business

MOTHER FATHER { 12. Name James Davis
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Unknown
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant O. A. Reller
(b) Address 61 Arundel Place

17. (a) Cremation (b) Date thereof 8/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) AUG 9 1942 (b) C. H. McHarron M.D.
(Date received) (Registrar's signature) H.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th,
year 1942 hour 12.05 minute..... P. M.

21. I hereby certify that I attended the deceased from July 1/42 19..... to Aug. 8th, 19.....
that I last saw h. or alive on August 8th, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Embolism 6 days
Due to.....
Compensatory Heart Failure 6 wks.
Due to.....

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

Major findings:
Of operations..... 952
Of autopsy.....
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)
(c) Means of injury.....
23. Signature M.B. Hanson (M. D. or other) M.D.
Address Humbolt Bldg Date signed 8/9/42

787

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

Edward J. Bockhorst

Licensed Embalmer No. *2502*

P. O. Address *Clayton 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.