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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28622

Registrar's No. 7638

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

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: 2608 Louisiana 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 Mo. (b) County 000

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2608 Louisiana Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Rice Coffy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas G. Coffy

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

7. Birth date of deceased July 7th., 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	2	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Rice
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Murphy
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Thomas G. Coffy Jr.
(b) Address 2608 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 14 1942 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th., year 1942 hour 2 minute 15 a.M.

21. I hereby certify that I attended the deceased from June 27, 1942 to , 19 ; that I last saw her alive on Sept 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of chest wall & lungs, mno metastatic	4 mos
Due to melanoma of left arm 12 years ago	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Malignant on microscopic examination
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Carl Althaus (M. D. or other)
Address 3248 Lafayette Date signed 9/14/42

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.