S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 132

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 751

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: 3422a ST. VINCENT AV. (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 000 17

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9

(d) Street No. 3422 A ST. VINCENT AV. (If rural, give location)

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

If yes, name country 0

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

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife MICHAEL J. COFFEY

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased NOVEMBER (Month) 1 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

FATHER
12. Name PETER FITZSIMMONS
13. Birthplace IRELAND. 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY HEFFEREN.
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Michael J. Coffey

(b) Address 3422a St Vincent av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) JAN 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1943 hour 2 minute p.M.

21. I hereby certify that I attended the deceased from 1935, 19, to, 19; that I last saw her alive on Jan 23 rd, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occl. Coronary Thrombosis Arteriosclerosis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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) No

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? no (e) Means of injury none

23. Signature T. A. O'Brien (M. D. or other)

Address 808 1657 So Grand Blvd Date signed 1-25-43

(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.....Jos B Vollmer.....

Licensed Embalmer No. 4014

P. O. Address 3125 Fayette St. St Louis 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.