

S. No. 4
FORM-5
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 153
Registrar's No. 547

Registration District No. 318
Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: St. John Hospital
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No.: 5078 Ridge
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: Thomas E. Coughlin
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: January 17
year: 1943 hour: 12:20 minute: P. M.

4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: December 19, 1879

21. I hereby certify that I attended the deceased from Jan 17th 1943, to Jan 17th 1943
that I last saw him alive on Jan 16th 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia
Duration 12 days

8. AGE: Years: 63 Months: 0 Days: 28

Due to: Pleural Pneumonia
Complicated with Broncho Pneumonia

9. Birthplace: Illinois

Due to: N/A

10. Usual occupation: Sergeant of Police

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

11. Informer or institution: St. Louis Metropolitan Police

Major findings: Of operations: N/A

12. Name: Timothy Coughlin

Of autopsy: none

13. Birthplace: Ireland

PHYSICIAN: Underline the cause to which death should be charged statistically.

14. Maiden name: Mary Lynch

16. (a) Informant: Mrs. Mary Coughlin
(b) Address: 5078 Ridge

22. If death was due to external causes, fill in the following:

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 1-20-43

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director: Fred T. Stuart
(b) Address: 1225 Union Blvd.

While at work?..... (c) Means of injury.....

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

23. Signature: C. S. Connor (M. D. or other)

Address: 1516A n Grand Date signed: 1-18-43

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.....

Richard H Burnley
.....
Licensed Embalmer No. 4202

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.