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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3170

State File No.

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. (2) 11

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0 Station Hospital Cullen Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 2 months 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State New Jersey (b) County — 28
(c) City or town Dayton 0
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 2

3. (a) PRINT FULL NAME Henry V. Coemans (Pvt)
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 8 (Day) 1897 (Year)

8. AGE: Years 45 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Brooklyn (City, town, or county) New York (State or foreign country) 1
10. Usual occupation U.S.Army - soldier -32611437
11. Industry or business Co C, 27th Bn, ERTC
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Anna Maack
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant U.S.Army Records
(b) Address Fort Leonard Wood, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hollis New York
18. (a) Signature of funeral director S. C. Nee
(b) Address Rocco Mo
19. (a) January 9, 1943 (Date received local registrar) (b) H. M. Griffith (Registrar's signature)
1-15-43 Chas M. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1943 hour 6 minute 55 A.M.
21. I hereby certify that I attended the deceased from December 26, 1942, to January 9, 1943; that I last saw him alive on January 8, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarct of the myocardium, left ventricle	1 wk
Due to Thrombosis of the anterior descending branch of the left coronary artery	?
Other conditions (Include pregnancy within 3 months of death) 940	

Major findings:
Of operations
Of autopsy As above

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 Charles R. McAdam (M. D.)
Address Station Hospital, Ft. Leonard Wood, Missouri Date signed 1/9/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 2-43-1D
Date Filed 2-9-43

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 S. L. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.