U. S. No. 2
100M—2-43
Rev. 5-17-39
Form 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19481

State File No. 19481

FILED JUL 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6017

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003 11

(c) City or town St. Louis, 8 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1303 N. Jefferson
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Martha Coates

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or Race Col

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

6. (b) Name of husband or wife Willie Coats

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 5 (Month) 5 (Day) 1901 (Year)

8. AGE: Years 42 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Glen Allen (City, town, or county) Miss (State or foreign country)

10. Usual occupation House wife

11. Industry or business House work

MOTHER FATHER

12. Name Richard Young Blood

13. Birthplace Glen Allen (City, town, or county) Miss (State or foreign country)

14. Maiden name Mary Young Blood

15. Birthplace Glen Allen (City, town, or county) Miss (State or foreign country)

16. (a) Informant Willie Coats

(b) Address 1303 N Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, MO.

18. (a) Signature of funeral director O. W. Hamer

(b) Address 2829 Washington Ave

19. (a) JUL 7 1943 (Date received by local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28, year 1943 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 22, 1943 to June 28, 1943; that I last saw her alive on June 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Hypertensive Encephalopathy	4 days
Due to Arterial Hypertension	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature D. E. Smith (M. D. or other)

Address 2601 Whittier Date signed 6/29/43

(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.....

Licensed Embalmer No.....

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.