

FILED OCT 27 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9080**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether 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 24

(d) Street No. 1319 ARSENAL  
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Bertha Coates

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 WM COATES 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JUNE 12-1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace UNK 9  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name UNKNOWN

13. Birthplace ? 9  
(City, town, or county) (State or foreign country)

14. Maiden name ? 9

15. Birthplace ? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant M. W. Coates

(b) Address 1319 Arsenal

17. (a) BURIAL (b) Date thereof Oct 16 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

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

(b) Address 3125 Lafayette Av.

19. (a) OCT 15 1943 J. J. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from October 12, 1943, to October 13, 1943; that I last saw her alive on October 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 9 8

Major findings: Of operations \_\_\_\_\_

Of autopsy as above

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

(a) Accident, suicide, or homicide (specify) None  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature William D. Galt (M. D. or other) 10/14/43  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

---

---

**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 *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.**