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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12653

State File No.

FILED APR 20 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3194

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

1. PLACE OF DEATH:

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

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

(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Yrs 5 Mo  
(Specify whether in this community 25 Yrs. years, months or days)

3. (a) PRINT FULL NAME Effie Coats

3. (b) If veteran, name war /

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 : 0 20 hr. min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George Hendricks

13. Birthplace Adam Co., Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Potter

15. Birthplace Hancock, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Apr 7 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Flora J. ...

(b) Address 2906 Grand Ave.

19. (a) (Date received local registrar) APR 5 1944 (b) J. F. Bullock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9/13

(d) Street No. 5800 Arsenal St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 3 day 1944  
year 1944 hour 4:20 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11/28/40  
\_\_\_\_\_ 19\_\_\_\_, to 4/3/44 19\_\_\_\_;  
that I last saw her alive on 4/3/44 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Due to Old hemiplegia; Epilepsy; Encephalomalacia; nephrosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as above & hypertrophy of heart

22. If death was due to external causes, all 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? \_\_\_\_\_

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

23. Signature Homer A. Sweetman M.D.  
Address 5800 Arsenal St. Date signed 4-9-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

*myself.*  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *David Van Fossen.*  
.....

Licensed Embalmer No. *4242*  
.....

P. O. Address *2906 Du Bois*  
.....

**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.**