

FILED JUN 15 1944

Registration District No. 2002

Registrar's No. 1273

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6301 Bartmer Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edward J. Coffey
3. (b) If veteran, name war None
3. (c) Social Security No. 494-07-189

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 25 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 16 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Weigher.

11. Industry or business.....

12. Name Daniel Coffey.
13. Birthplace Unknown Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Conway.
15. Birthplace Unknown Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Parks.
(b) Address 6301 Bartmer Avenue.

17. (a) Burial (b) Date thereof 6/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Ave, St. Louis, Mo.

19. (a) JUN 12 1944 (b) E. J. McHarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis. 96
(c) City or town University City.
(If outside city or town limits, write "RURAL")
(d) Street No. 6301 Bartmer.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June 10th
year 1944 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from
Jan 24 1944 to June 9 1944
that I last saw him alive on June 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Duration 10y6

Due to 93d

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?.....

While at work (Specify type of place) (e) Means of injury.....
23. Signature A. F. Ferver (M. D. or other)
E. J. McHarran Date signed 6-10-44

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

MAR 9 11 AM '44

JUN 27 1944

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.....

Ben Hoffman

Licensed Embalmer No.....

4366

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.