V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39244

FILED JAN 5 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11163

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:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

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

(d) Street No. 4561 Laclede Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET S. COONS.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

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 September 26, 1884.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60.	3.	1.	hr. min.

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

10. Usual occupation Insurance Saleslady.

11. Industry or business Equitable Life Assurance.

FATHER
12. Name George R. Coons.
13. Birthplace Lexington, Kentucky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia M. Higgins.
15. Birthplace Franklin, Tennessee.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. Eugene Moore.

(b) Address 4561 Laclede Ave.,

17. (a) Removal. (b) Date thereof 12/29/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada, Missouri.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) DEC 28 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec, day 27th,
year 1944. hour 2.30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 11, 1944 to Dec 27, 1944;
that I last saw her alive on Dec 27, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	16 days
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions Nephritis (Acute) (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy

83

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 M E Jones (M. D. or other)

Address 4560 Olive St Date signed Dec 28/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. E. Jones.
Foster Berg.
RO-2866
Hrs. 2-4 P.M.

FEB 16 1945

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.