

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18637

PREP JUN 30 1945

318

Primary Registration District No.

1003

Registrar's No.

5261

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hosp.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 4543 Flad Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Dorothea M. Coyle

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Amos J. Coyle 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct. 13. 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 7 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John H. Brockmann  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Yeager  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Amos J. Coyle  
(b) Address 4543 Flad Ave.  
17. (a) Burial (b) Date thereof 6/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Lake Charles Cem  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director W. W. Stock  
(b) Address 2117 E. Grand Blvd.

19. (a) JUN 15 1945 (b) J. F. Budner  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1945 hour 11 minute 05 AM

21. I hereby certify that I attended the deceased from 11-5 1941 to 6-12 1945  
that I last saw her alive on 6-12 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute edema of Lungs  
fatty degeneration of myocardium  
Due to hypertension  
Due to

Other conditions (Include pregnancy within 3 months of death) 92  
Major findings:  
Of operations  
Of autopsy

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 (C)  
23. Signature W. W. Stock (M. D. or other) MD  
Address 7301 Natural Bridge Rd Date signed 6-14-45

Normandy Mo

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

5282

5281

**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

*Alfred J. Doedeker*

Licensed Embalmer No.

*2663*

P. O. Address

*5934 alpha*

**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.**