S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28411.

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 1848

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6400 Myrtle Avenue.
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6400 Myrtle Avenue.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Frank Cointin.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Cointin.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased December 12, 1860.
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired section hand.

11. Industry or business .....

MOTHER FATHER

12. Name Charles Cointin.

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

14. Maiden name Dont Know.

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

16. (a) Informant Mr. Isadore Cointin.

(b) Address 1714 Grove Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1945. (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 8-18-45 (Date received local registrar) (b) E. J. McBarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th. year 1945 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 2 1939 to Aug. 14 1945 that I last saw him alive on Aug. 14 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Oedema	3 days
Due to: Chronic Emphysema	5 years
Due to: Chronic Myocarditis	4 years
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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature Fred H. Krug (M. D.)

Address 2249 St. Louis ave Date signed 8/16 45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Krug.
2249 St. Louis Avenue.
Hours 8 to 9 A M.
Central 1810

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 Clement McNaney

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.