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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28417

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2115

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

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: St.Mary's Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-Hours (Specify whether
In this community 28 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.Louis 96

(c) City or town Richmond Heights 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1222 Bellevue Ave. 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Dr.Albert Neville Coughlin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Edythe Coughlin

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 27th.,1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	5	2	hr. min.

9. Birthplace (City, town, or county) Canada 1 (State or foreign country)

10. Usual occupation Doctor

11. Industry or business

FATHER
12. Name Michael Coughlin
13. Birthplace (City, town, or county) Canada 1 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Stone
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs.Edythe Coughlin
(b) Address 1222 Bellevue Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 8-30-45 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th., year 1945 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug 29, 1945, to Aug 29 45; that I last saw him alive on Aug 29 45; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy Some

Duration

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 K. O'Donnell MD (M.D. or other)

Address 634 N. Grand Date signed 8/30/45

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 0 19M

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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.