

FILED OCT 8 1946

Registration District No. 219

Primary Registration District No. 6078

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
 (b) City or town RURAL JACKSON T.S.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 THOMAS J. COYLE

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADELAIDE BOHEM 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased OCT 10 1872
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>73</u>	<u>11</u>	<u>19</u>	hr. _____ min.

9. Birthplace ST LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation PLASTERER

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS COYLE

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

14. Maiden name MARY HOPE

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

16. (a) Informant Mrs ADELAIDE COYLE

(b) Address KINSEY MO

17. (a) Burial (b) Date thereof Oct 2, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cavalry Camp

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Washington Ave

19. (a) 10-5-46 (b) Peresa M. Taul
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 29
 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 3, 1946, to Sept 29, 1946
 that I last saw him alive on Sept 25, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death MI
Arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur J. ... (M. D. or other) M.D.

Address 566 Cranwell Ave Mo Date signed 9-30-46

Duration

4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 6 1946

NOV 13 1946

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 3454
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 7456 Manchester

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.