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FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9506**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **6216 Vermont Ave.**
(d) Length of stay: **8 yrs**
In this community **8 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **California** (b) County **Los Angeles**
(c) City or town **Los Angeles**
(d) Street No. **1627 Record Ave.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Otis Carl Coberly**
(b) If veteran, name war _____ (c) Social Security No. **None**
(4) Sex **Male** (5) Color or race **White** (6) (a) Single, widowed, married, divorced **Divorced**
(6) (b) Name of husband or wife **Marie** (6) (c) Age of husband or wife if alive _____ years
(7) Birth date of deceased **June 15 - 1916**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **5** year **1946** hour **9** minute **20** A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years **30** Months **4** Days **20**
9. Birthplace **Galena, Kansas**
10. Usual occupation **Evangelist; Minister**
11. Industry or business **Assembly of God**
12. Name **Otis Coberly**
13. Birthplace **Kansas**
14. Maiden name **Ethel Rowland**
15. Birthplace **Kansas**
16. (a) Informant **Mrs Ethel Koblerly**
(b) Address **Los Angeles - California**
17. (a) Removal **11-3-46**
(c) Place: burial or cremation **Galena, Kansas**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) NOV 6 1946 **J. F. Bredes**

Immediate cause of death **Phenobarbital Poisoning**
1951
99
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Open Vein**
(b) Date of occurrence **Und.**
(c) Where did injury occur? **St. Louis Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **Und.**
(e) Means of injury **Coberly**
23. Signature **Miss E. Jeyler**
Address **Dry Canyon** Date signed **11/6/46**

9516

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..... *J. W. Wilkinon*.....
Licensed Embalmer No. *3575*.....

P. O. Address.....

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.