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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42258

Registrar's No. 10509

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: Enroute to City Hospital #1 (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 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County 999

(c) City or town New Orleans (If outside city or town limits, write "RURAL") N.R.

(d) Street No. 833 2nd St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Byron Coffin

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Belle

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

7. Birth date of deceased Nov (Month) 8 (Day) 1921 (Year)

8. AGE: Years 25 Months 0 Days 29 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name C F Coffin
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant College of Mortuary Science

(b) Address 4937 Forest Park

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-9-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Kansas

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4355 Washington

19. (a) Dec 9 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1946 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Barium Poisoning Self Administered in the home 5244 Waterman Around 6:15 A.M.

Due to Dec. 8 1946

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Suicide

(b) Date of occurrence Dec 8 1946

(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? Home (Specify type of place)

While at work (e) Means of injury to abm

23. Signature Alfred Perry (M. D. or other)

Address Jeffrey Brown Date signed 12/9/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1947

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 Howard B Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 8 Mo

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.