S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25424

Registrar's No. 7283

**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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1yr 9mos 4das. (Specify whether years, months or days)

In this community: 50 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: rad

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: ~~4458 Elmbank~~ 5400 Arsenal 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 13

If yes, name country

3. (a) PRINT FULL NAME: LAUGHLIN COYLE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November 15 1869 (Month) (Day) (Year)

8. AGE: Years 77 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace: Cinn. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: -- retired

MOTHER FATHER

12. Name: John Coyle

13. Birthplace: Canada (City, town, or country) (State or foreign country)

14. Maiden name: Katherine Murphy

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

16. (a) Informant: Thelma A. Sengler

(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Sullivan Funeral Dir

(b) Address: 2849 North Euclid Ave.

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 3 year 1947 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from Oct., 29 1945 to August 3 1947 that I last saw him alive on August 3 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerotic Heart Disease | 1945x |
| Generalized Arteriosclerosis | 1945x |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Paul T. Hartman (M. D. or other)

Address: 5400 Arsenal St Date signed: 8/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.