No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 28934

Registration District No. 818

Primary Registration District No.

Registrar's No. 2598

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

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: Barnes Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa

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

(d) Street No. 3939 Flora Place 9
(If rural, give location)

17 (e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Cyrus E. Coffee

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ottil

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 17th, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	22	hr. min.

9. Birthplace Jackson Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Robert A. Coffee 4
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Narimor
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ottil Coffee
(b) Address 3939 Flora Pl., St. Louis, Mo.

17. (a) burial (b) Date thereof 8/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wacker-Kelderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

AUG 11 1947

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

DREW LUTEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1947 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 6, 1947 to Aug 9, 1947
that I last saw him alive on Aug 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	3 da
Due to: Coronary thrombosis	3 da
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

94 a

Major findings:
Of operations

Of autopsy: Myocardial infarction
Coronary thrombosis

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 Drew Luten (M. D. or other)

Address St Louis Mo Date signed 8-9-47

Barnes Hospital

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

21

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.....Frank J. [illegible]

Licensed Embalmer No. 2645

P. O. Address St. Louis 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.