. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39528

FILED DEC 6 1947

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 10841

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: 1436a Papin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 15 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1436a Papin St. 1
(If rural, give location)
22
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Coats
3. (b) If veteran, name war
3. (c) Social Security No. 497-05-7118

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Coats
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 4 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Whiteville (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Stationary Fireman
11. Industry or business Park Plaza Hotel
FATHER
12. Name John Coats
13. Birthplace 7 (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Nancy Coats 1
(b) Address 1436a Papin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) NOV 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1947 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from
, 1947 to 11-22, 1947
that I last saw him alive on 11-22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardio Vascular disease	?
Due to: Arterio sclerosis	?
Due to:	
Other conditions: Pleurisy (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations
Of autopsy

93

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

23. Signature M. B. Clay (M. D. or other) M. B.
Address 4059 N. Sarah Date signed 11-24-47

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 Fulton E Culkin

Licensed Embalmer No. 7198

P. O. Address St Louis 13 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.