

2-45
7-39
X47070

FILED FEB 9 1948

State File No. _____

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 192

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5970a Wabada Avenue.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Earl A. Cloughly.

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Blanch Coughly.

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

7. Birth date of deceased September 4, 1880.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th.
year 1948 hour 9.30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 19 1948
that I last saw him alive on Jan 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia Duration 10 days

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>67</u> | <u>4</u> | <u>16</u> | hr. _____ min. _____ |

Due to _____

Due to _____

9. Birthplace Mitchelville, Iowa.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Druggist

Major findings: Of operations _____

11. Industry or business _____

Of autopsy Same

12. Name John Coughly.

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name Eliza Slayden.

(b) Date of occurrence _____

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

(c) Where did injury occur? _____
(City or town) (County) (State)

16. (a) Informant Mr. Cecil P. Coughly.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Austin, Texas.

While at work? _____ (Specify type of place) (e) Means of injury _____

17. (a) Burial (b) Date thereof 1-22-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

23. Signature Ralph Kussella (M. D. or other) _____
Address 3720 Washington Date signed 1/20/48

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

~~Dr. R.A. Kinsella~~

Dr. R.A.Kinsella.
3720 Beaumont Avenue.
2.30 to 5 P.M.
Jefferson 5100

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 Clement McQuay

Licensed Embalmer No. 3792

P. O. Address St. Louis

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.