S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6200

State File No. 2072

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. & 28 mins. (Specify whether)

In this community ~~Catherine Janet Coder~~ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 456 Laurel 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Janet Coder #2

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 9 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. 28 min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Floyd Harlan Coder
13. Birthplace Paulding Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Viola Ida Roethemeyer
15. Birthplace Owensville, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Ida Coder (mother)

(b) Address 450 Laurel

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof FEB 29 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

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

(b) Address 4104 Manchester Ave.

19. (a) FEB 29 1948 (Date received local registrar) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1948, to Feb. 9, 1948, that I last saw her alive on Feb. 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Immaturity	
Due to: premature labor	
Due to: undetermined	
Other conditions: Twin Preg. (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. S. Ruley (M. D. or other) MD

Address 4640 Maryland Date signed 2/10/48

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.....

Licensed Embalmer No.....

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.