No. 3
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 7263

Registrar's No. 265

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 S. Geyer Rd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No. 401 S. Geyer (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Anna Coffel
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Wesley
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 18 (Day) 1882 (Year)

8. AGE: Years 65 Months 6 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Madison County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER FATHER
12. Name Arthur Stevend
13. Birthplace Madison County, Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Ella M. Hughes
15. Birthplace Madison County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Helen Hart
(b) Address 2315 W. Big Bend Rd. Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Meyer-Pfitzinger Funeral Dir. Inc.
(b) Address Kirkwood Mo.
19. (a) 2-9-48 (Date received local registrar) (b) Paul A. Harp M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 5 year 1948 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept 15, 1945 to Feb 3, 1948; that I last saw her alive on Feb 3, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion
Due to Chr. Myocarditis
Due to Hypertension 93d
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 Royal C. McLean M.D. (M. D. or other)
Address Kirkwood Mo. Date signed 2/6/48

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

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

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 William H. Pfeffinger

Licensed Embalmer No. 4396

P. O. Address Kirkwood, 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.