S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17476

FILED JUN 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4974

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish 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
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2861 South 13th Street 9
(If rural, give location)
24 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Boy Coburn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) - 27 (Day) - 48 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 10 hr. 30 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name Billy Hugh Coburn
13. Birthplace Kennett (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Sally Pitezel
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant Sally Coburn
(b) Address 2861 South 13th Street
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) MAY 31 1948
(c) Place: burial or cremation Anat. Board
18. (a) Signature of funeral director Rowland
(b) Address 4104 Manchester
19. (a) MAY 31 1948 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 29
year 48 hour 7 minute M.
21. I hereby certify that I attended the deceased from 2-27-48, 19, to 2-29, 1948
that I last saw him alive on 2-29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subarachnoid Haem. Intraventric. Haem.

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 Paul K. Webb (M. D. or other) M.D.
Address 721 Olive St. Date signed 3-11-48

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.