

No. 2
8-43
17-39
X37823

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

FILED JUN 28 1948
Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *St. Louis*
(b) City or town _____
(c) Name of hospital or institution: *Park Lane Hospital*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *5 days*
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Washington*
(c) City or town *Rural*
(If outside city or town limits, write "RURAL")
(d) Street No. *Near Quaker mo.*
U.R. (If rural, give location)
(e) Citizen of foreign country? *No.* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Montie E. Coffman*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Male* 5. Color or race *white*

6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife: *Jettie Coffman*
6. (c) Age of husband or wife if alive *56* years

7. Birth date of deceased: *Feb 7 1892*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>56</i>	<i>4</i>	<i>4</i>	hr. _____ min. _____

9. Birthplace *Palmer Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business *none*

12. Name *John Coffman*

13. Birthplace *Uniontown Pa.*
(City, town, or county) (State or foreign country)

14. Maiden name *Josephine King*

15. Birthplace *Uniontown Pa. Ireland*
(City, town, or county) (State or foreign country)

16. (a) Informant *Jettie Coffman*

(b) Address *Quaker mo.*

17. (a) *Burial* (b) Date thereof *6-15-48*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Quaker mo.*

18. (a) Signature of funeral director *Mrs. Luther Spink*

(b) Address *Palmer Mo.*

19. (a) *June 17 1948* (b) *J. F. Bredbeck*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *11*
year *1948* hour *7* minute *20 P.M.*

21. I hereby certify that I attended the deceased from *6/6/48*
19____ to *6/11/48* 19____
that I last saw him alive on *6/11/48* 19____
and that death occurred on the date and hour stated above.

Immediate cause of death *Pulmonary embolism*
Due to *30*
Due to *30*

Other conditions *Chr. Cholelithiasis* 2 yrs
(Include pregnancy within 3 months of death)

Major findings: *Chr. Cholelithiasis*
Of operations *P. Op. Ventral Hernia; Abdominal*
aneurysm.

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature *G. William Poehl* (M.D. or other)
Address *5101 Palmer* Date signed *6/12/48*

JAN 20 1961

JUL 22 1948

JUL 1 1949

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..... *Murphy L. Sparks*
Licensed Embalmer No. *4236*
P. O. Address. *Flot Run Dr*

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 the body is not embalmed, fact should be so stated above.