

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42797  
Registrar's No. 200A

Registration District No. 317

Primary Registration District No. 4466

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7800 Garden Ave.  
(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 Mo. (b) County St Louis 96

(c) City or town Shrewsbury 15  
(If outside city or town limits, write "RURAL")

(d) Street No. 7800 Garden Ave. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPHINE COATES

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
year 1948 hour 7:30 minute \_\_\_\_\_ P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Elmer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: Oct. 25 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1948 to Dec 16 1948  
that I last saw her alive on Dec 16 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48 1 21 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Cervix Duration 3 yrs

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

Due to \_\_\_\_\_ 480

Due to \_\_\_\_\_

10. Usual occupation Housework

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations None

Of autopsy None

11. Industry or business \_\_\_\_\_

12. Name Joseph Preis

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

14. Maiden name Helena Grove

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Coates

(b) Address 7800 Garden Ave.

17. (a) Burial (b) Date thereof 12 20 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 12-17-48 (b) Thurs. [Signature]  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to 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 \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Paul O. Hagemann (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 12-17-48

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

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**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 *Edwin M. Permutt*

Licensed Embalmer No. *3024*

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.**