

FILED JAN 19 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1003

State File No.

2560

226

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL, and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				d. STREET ADDRESS (If rural, give location) 15 5214 S Grand			
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) B c. (Last) Coats			4. DATE OF DEATH (Month) (Day) (Year) 7 7 49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH Sep't 8, 1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Coats			13b. MOTHER'S MAIDEN NAME Lucinda Smith			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Coats 5214 So. Grand			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CHRONIC MYELOGENOUS LEUKEMIA Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7 H A 11 2 2				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS, MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/26, 1948 , to 1-7, 1949 , that I last saw the deceased alive on 1-7, 1949 , and that death occurred at 12:40 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harvard J. Davidson M.D.				23b. ADDRESS St. Louis, Missouri Mo. Pac. Hosp'l		23c. DATE SIGNED 1-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-10-49		24c. NAME OF CEMETERY OR CREMATORY Parklawn		24d. LOCATION (City, town, or county) (State) Lemay Mo.	
DATE REC'D BY LOCAL REGISTRAR JAN 10 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grā	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Wm. Benblay*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, 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.