

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6909

Registrar's No. 356

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3068</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7180 Linden</u>			d. STREET ADDRESS (If rural, give location) <u>7180 Linden</u>		
3. NAME OF DECEASED (Type or Print) <u>Lillie</u>		a. (First)	b. (Middle)	c. (Last) <u>Coales</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 10, 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>10</u>
IF UNDER 2 HRS. Hours <u>2</u>	IF UNDER 2 HRS. Min. <u>12</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Vest</u>		14. NAME OF HUSBAND OR WIFE <u>James Coales</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John P. Martin</u> ADDRESS <u>7180 Linden</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Cardio-nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Nephritis</u> DUE TO (c) <u>La Grippe</u> II. OTHER SIGNIFICANT CONDITIONS <u>La Grippe</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>10 yrs</u> <u>10 da.</u> <u>10 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <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 <u>11/15, 1948</u> to <u>2/12, 1949</u> , that I last saw the deceased alive on <u>7/8, 1949</u> , and that death occurred at <u>A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B B Veinman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2901 Big Bend</u>		23c. DATE SIGNED <u>2/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 14 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-14-49</u>	REGISTRAR'S SIGNATURE <u>Harold G. Lemminger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray B Smith</u> ADDRESS <u>7456 Marquette</u>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W E Burgess

Signed _____
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.