

FILED MAY 10 1950

STANDARD CERTIFICATE OF DEATH

14429

State File No. 4029

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4029</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MISSOURI</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>34 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City, Illinois</b>		<b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2660 East 28th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>C.</b>		c. (Last) <b>COGGIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 3, 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 11, 1910</b>	
9. AGE (In years last birthday) <b>40</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John C. Coggin</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Olive Grant</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Coggin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Maude Coggin - Granite City, Ill</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES <b>Chronic Glomerulonephritis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>10 yrs +</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignant Hypertension</b>  DUE TO (c) <b>10 yrs</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>	
19a. DATE OF OPERATION <b>4-17-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Small, contracted left kidney</b>				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>592X</b>					
22. I hereby certify that I attended the deceased from <b>MARCH 31, 19 50</b> to <b>MAY 3, 19 50</b> , that I last saw the deceased alive on <b>MAY 3, 19 50</b> , and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edw. V. Friedman M.D.</b> (Degree or title)				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>5/3/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>May 3-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Granite City Ill</b>	
DATE REC'D BY LOCAL REG. <b>MAY 4 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank M. Meece</b> ADDRESS <b>Granite City, Ill</b>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Charles E. Merice*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Grant City*

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.