

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24424

State File No. 5875
Registrar's No. 5875

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution before of a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2601 South Broadway		d. STREET ADDRESS (If rural, give location) 2601 South Broadway	

3. NAME OF DECEASED (Type or Print), a. (First) Ella b. (Middle) Irene c. (Last) Coke			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 17, 1892	9. AGE (In years last birthday) 58	10. BIRTHPLACE (State or foreign country) Mount Vernon, Indiana
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Kittle	13b. MOTHER'S MAIDEN NAME Anna Mary Phillips	14. NAME OF HUSBAND OR WIFE Frank Coke
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Coke-2601 South Broadway	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Carcinoma of Cervix		None
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Metastasis to Lymph Gland		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 17 LX
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22. I hereby certify that I attended the deceased from June 25, 1951, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 8:55A m., from the causes and on the date stated above.

23a. SIGNATURE H. H. McCreath (Degree or title)	23b. ADDRESS 917-5018	23c. DATE SIGNED 6-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-30-51	24c. NAME OF CEMETERY OR CREMATORY Rock Point	24d. LOCATION (City, town, or county) (State) Sturdivand, Missouri
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DATE REC'D BY LOCAL REG. JUL 1 - 1951	REGISTRAR'S SIGNATURE H. H. McCreath	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd
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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.

Student

Student Embalmer

Signed

J. Wm Bentley

Licensed Embalmer No. 3653

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.