

STANDARD CERTIFICATE OF DEATH

State File No. 25631
2680

FILED JUL 27 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY SAINT LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place) 49 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION 7312 ARLINGTON DRIVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI COUNTY SAINT LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS
b. STREET ADDRESS (If rural, give location) 7312 ARLINGTON DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) _____ c. (Last) COIBION

4. DATE OF DEATH (Month) (Day) (Year)
July 15 1951

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/13/71

9. AGE (In years last birthday) 80 If under 1 year: Months 6 Days 2 If under 24 hrs. Hours 2 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Aurora, Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Kraeger

13b. MOTHER'S MAIDEN NAME ?

14. NAME OF HUSBAND OR WIFE John W. Coibion Decd '36

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME E. W. Boehme, 4026 Magnolia ADDRESS _____

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) Chr. Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH 8 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1943? to 7/15/51, 19____, that I last saw the deceased alive on 7/15/51, 19____, and that death occurred at 8:10P m., from the causes and on the date stated above.

23a. SIGNATURE W B Bush (Degree or title) M. D.

23b. ADDRESS 2005 So. Grand, St Louis

23c. DATE SIGNED 7/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7/18/51

24c. NAME OF CEMETERY OR CREMATORY St Peter & Paul

24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.

DATE REC'D BY LOCAL REG. 7-17-51 REGISTRAR'S SIGNATURE Herbert R. Donkema

25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster ADDRESS 6633 Clayton Rd

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..... 

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.