

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14151**
Registrar's No. **3851**

FILED MAY 1 - 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 4201 W. Cook					
3. NAME OF DECEASED (Type or Print) a. (First) Perry		b. (Middle) F.		c. (Last) Coons Jr.		4. DATE OF DEATH (Month) (Day) (Year) 4 - 21 - 52			
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH Dec. 7, 1898			
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Perry Frank Coons Sr.			13b. MOTHER'S MAIDEN NAME Hattie Simmons			14. NAME OF HUSBAND OR WIFE Dulcy Coons			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 327-03-0713		17. INFORMANT'S SIGNATURE OR NAME Florence Carter		ADDRESS 4017 Cook apt. 1			
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) Hypertensive cardio vascular disease, sub acute nephritis & cystitis 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.				INTERVAL BETWEEN ONSET AND DEATH	
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) _____		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? #43X					
22. I hereby certify that I attended the deceased from 2/5/51 , 19____, to 4/21/52 , 19____, that I last saw the deceased alive on 4/21/52 , 19____, and that death occurred at 5:25A m., from the causes and on the date stated above.									
23a. SIGNATURE BERSKINE D. JOHNSON (Degree or title) MD				23b. ADDRESS 3100a Lucas Ave.		23c. DATE SIGNED 4/22/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/26/52		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.			
DATE REC'D BY LOCAL REG. APR 23 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry		ADDRESS 4202 Finney Ave			

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 Melvin E. Luen

Licensed Embalmer No. 4428

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.