

FILED JUL 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 25663

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5750

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u> 0		a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> 4270	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vinita Park</u> 271	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Brothers Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8207 Buchanan</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frederick</u>	b. (Middle) <u>W</u>	c. (Last) <u>Coffman</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6</u> <u>19</u> <u>52</u>

5. SEX <u>M</u> 0	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2	8. DATE OF BIRTH <u>10/4/72</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Executive</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St L. Matl & Sply</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Ralph Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Pettit Saunders</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Frances Macke Dec</u>
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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) <u>No</u>	16. SOCIAL SECURITY <u>494-03-64290</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Kistenmacher #6 Ridgemoor</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis (recurrent)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) <u>Terminus Bronchopneumonia</u>		<u>48 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>332X</u>
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22. I hereby certify that I attended the deceased from 6/4/52, 1952, to 6/19/52, 1952, that I last saw the deceased alive on 6/19/52, 1952, and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Missouri Theatre Bldg</u>	23c. DATE SIGNED <u>6/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> 4	24b. DATE <u>6/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 20 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster, Inc.</u>	ADDRESS <u>6633 Clayton</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ernest W. Spillers*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *14080*.....

P. O. Address *[Handwritten]*.....

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.