

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2983

FILED FEB 11 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2029		
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital			d. STREET ADDRESS (If rural, give location) 6421 Woodbine Court 0		
3. NAME OF DECEASED (Type or Print) a. (First) CORA		b. (Middle) BEATRICE		c. (Last) COUGHLIN	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 1953		5. SEX Female			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9, 1894	
9. AGE (In years last birthday) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Aurora, Mo. 0		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Patterson Lollar		13b. MOTHER'S MAIDEN NAME Mary SanSoucie		13c. NAME OF HUSBAND OR WIFE Joseph Coughlin	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME ADDRESS James Joseph Coughlin 6420 Woodbine Ct.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) This does not mean the manner of dying, such as asphyxiation, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes		DUE TO (c)		20 yrs.	
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"/>	
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 260x	
22. I hereby certify that I attended the deceased from Sept 1946, to June 29, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 4:50A m., from the causes and on the date stated above.					
23a. SIGNATURE Andrew & Klein, M.D.		23b. ADDRESS 4632 So Grand		23c. DATE SIGNED 1-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 31, 1953		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery St. Louis Co. Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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 William B. White

Licensed Embalmer No. 4281

P. O. Address 4281 Kings Highway

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 2983

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1130

On this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_ who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for *Cora Beatrice Coughlin* died *Jan - 29*, 19*53*, in the State of

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. *14* should read *James M. Coughlin*

Instead of *Joseph*

Item No. *17* should read *James M. Coughlin*

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *James M. Coughlin* my  
*6421 Woodbine St.* Relationship.

Present Address.

Subscribed and sworn to before me this *17* day of *March*, 195*3*

My Commission expires *3-4-53* *Edgar Gadden* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-2983