

STANDARD CERTIFICATE OF DEATH

State File No. 2928

1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

FILED APR 4 1953

No. 300
10.48

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|---|------------------------|--|---|
| 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, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | d. STREET ADDRESS (If rural, give location) 2801 N. Jefferson 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) COKEN | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH Dec. 16, 1877 |
| 9. AGE (In years last birthday) 75 | | 10. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Fillmore, Ill. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME William Davis | | 13b. MOTHER'S MAIDEN NAME Elizabeth Litaker | |
| 14. NAME OF HUSBAND OR WIFE Unavailable | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar Revis, 2601 N. Jefferson | |
| 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) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4200 | | 22. I hereby certify that I attended the deceased from 3-1-53, 19, to 3-16-53, 19, that I last saw the deceased alive on 3-16-53, 19, and that death occurred at 1:30A m., from the causes and on the date stated above. | |
| 23a. SIGNATURE William R. Cook (Degree or title) 0 | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 3-16-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 24b. DATE 3-16-53 | | 24c. NAME OF CEMETERY OR CREMATORY Bethalto | |
| 24d. LOCATION (City, town, or county) (State) Bethalto, Ill. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 17 1953 J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | |

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 Binkley

Licensed Embalmer No. 3653

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.