

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10494**
2425

FILED MAR 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 Bowen				e. STREET ADDRESS (If rural, give location) 711 Bowen			
3. NAME OF DECEASED (Type or Print) a. (First) Coral Lee M. b. (Middle) Vierling c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1954				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 30, 1906		9. AGE (In years last birthday) 47	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Mo. 0		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME William Stropes		13b. MOTHER'S MAIDEN NAME Clara Benson		14. NAME OF HUSBAND OR WIFE John J. Vierling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J. Vierling 711 Bowen			
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) Acute dilation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis present DUE TO (c) hypertensive pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syngonizelia				INTERVAL BETWEEN ONSET AND DEATH 4 hrs 6-1-53 10 days 10 yrs	
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? 4222			
22. I hereby certify that I attended the deceased from 9-11-36 , 19____, to 3-15-54 , 19____, that I last saw the deceased alive on 3-10-54 , 19____, and that death occurred at 8:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Lynn BS MD				23b. ADDRESS 1715 So 39th St. (10) Mo		23c. DATE SIGNED 3-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-54	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAR 16 1954		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John T. Flynn
1715 S. 39th St.,
1 to 3p.m.
Gr. 2078

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.....
Signature of Student Embalmer

Signed *Francis J. Weyland Jr.*
Licensed Embalmer No. 451

P. O. Address 6322 S. 4th St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.