

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19945**

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4678**

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

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>Missouri</i> b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>St. Louis</i>  |                               | c. CITY OR TOWN <i>St. Louis</i>  |   |
| -d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D. O. A. Homer S. Phelps</i>   |                               | e. STREET ADDRESS (If rural, give location) <i>22 1436 Papin</i>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <i>Merride</i> b. (Middle) <i>Coats</i> c. (Last)  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><i>May 25, 1955</i>  |   |
| 5. SEX <i>M</i>  | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH <i>May 30 1882</i>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>  | 11. BIRTHPLACE (City and State or Foreign Country) <i>Tennessee</i> |
| 12. CITIZEN OF WHAT COUNTRY?   |                               | 13a. FATHER'S NAME <i>Unknown</i>   |   |
| 13b. MOTHER'S MAIDEN NAME <i>Unknown</i>   |                               | 14. NAME OF HUSBAND OR WIFE <i>Unknown</i>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>   |                               | 16. SOCIAL SECURITY NO. _____   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.        |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i><br>ANTECEDENT CAUSES <i>Generalized Atherosclerosis</i><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" 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)  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?   |                               | <i>4341</i>   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <i>10:30 A.M.</i> , from the causes and on the date stated above. |                               |   |   |
| 23a. SIGNATURE (Name or title) <i>Catrick J. Taylor, Coroner</i>   |                               | 23b. ADDRESS <i>1300 Clark</i>  |   |
| 23c. DATE SIGNED <i>5.28.55</i>  |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>  |   |
| 24b. DATE <i>May 31, 1955</i>  |                               | 24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>   |   |
| 24d. LOCATION (City, town, or county) (State) <i>Deming, Mo.</i>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Kausse</i>  |   |
| DATE REC'D BY LOCAL REG. <i>MAY 28 1955</i>  |                               | REGISTRAR'S SIGNATURE <i>J. Earl Smith - md</i>   |   |
| 25. FUNERAL DIRECTOR'S ADDRESS <i>2217 Grand</i>   |                               | 26. EMBALMER'S SIGNATURE _____  |   |

JUN 20 1955

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**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 *Ernest Swan* .....

Licensed Embalmer No. *158*

P. O. Address *122 1/2 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.