

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41931**
Registrar's No. **10843**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) 5341 N. Euclid Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			

3. NAME OF DECEASED (Type or Print) Eugene Coughlin		4. DATE OF DEATH (Month) (Day) (Year) December 9 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH January 21, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Board of Education	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
13a. FATHER'S NAME John Coughlin		13b. MOTHER'S MAIDEN NAME Margaret Swinney	14. NAME OF HUSBAND OR WIFE Elizabeth Coughlin (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-26-5764	17. INFORMANT'S SIGNATURE OR NAME Mr. D. Eugene Coughlin, 5341 N. Euclid Av	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334x	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?

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 at **6:25 p.** m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		

DATE REC'D BY LOCAL REG. DEC 12 1955	REGISTRAR'S SIGNATURE Carl Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement M. Nea*.....

Licensed Embalmer No. *37*.....

P. O. Address *W. Lou*.....

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.