

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14684

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4012**

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. LENGTH OF STAY (in this place) 5 yrs.		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of the Friendless 4431 S. Broadway				e. STREET ADDRESS (If rural, give location) 4431 S. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) ---		c. (Last) Lane		4. DATE OF DEATH (Month) (Day) (Year) April 22, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 23, 1878	
9. AGE (In years last birthday) 78 77		IF UNDER 1 YEAR Months		IF UNDER 2 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 -----			11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Illinois	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John C. Coffey		13b. MOTHER'S MAIDEN NAME Sarah Daniels		14. NAME OF HUSBAND OR WIFE Edward	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jesse Coulter 135 Spring St. Edwardsville			
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) Infirmities of age ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 450.0				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 June 1, 1955 , to April 22, 1956 , that I last saw the deceased alive on April 19, 1956 , and that death occurred at 2:10 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John B. Shapleigh M.D.				23b. ADDRESS 3720 Washington St. Louis		23c. DATE SIGNED 4/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St.			

(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.....
Louis C. Hoffmeister

Licensed Embalmer No. 387

P. O. Address 7814 S.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.