

54157-56  
FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24892  
State File No. 6264  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. |  | b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis |  | c. CITY OR TOWN St. Louis   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place) 3.0 hrs   |  | e. STREET ADDRESS (If rural, give location) 24 2107A Whitnell   |  | 22490  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.                                   |  |   |  |  |  |

|   |                       |   |   |                                   |                             |
|---|-----------------------|---|---|-----------------------------------|-----------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Donna<br>b. (Middle) Marie<br>c. (Last) Coon |                       |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>7 2 56              |                                   |                             |
| 5. SEX<br>F   | 6. COLOR OR RACE<br>W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH<br>6/30/56                                     | 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none  |                       | 10b. KIND OF BUSINESS OR INDUSTRY                             | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | 12. CITIZEN OF WHAT COUNTRY USA   |                             |

|                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| 13a. FATHER'S NAME<br>Donald Coon | 13b. MOTHER'S MAIDEN NAME<br>Rose Stumpf | 14. NAME OF HUSBAND OR WIFE<br>None. |
|-----------------------------------|--|--------------------------------------|

|   |                         |  |                           |
|---|-------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br>Donald Coon | ADDRESS<br>2107A Whitnell |
|---|-------------------------|--|---------------------------|

|   |  |  |   |
|---|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br>34 hrs. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>a. <i>Arteriosclerosis of heart, lung</i>  |  |   |
|   | ANTECEDENT CAUSES<br>*Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Prematurity (5 mos)</i><br>DUE TO (c) <i>Gestatorn</i> |  |   |
| 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<br>762.5 | 20. AUTOPSY?<br>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) | 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 3:00 pm, 1956, to 2 July, 1956, that I last saw the deceased alive on 1 July, 1956, and that death occurred at 2:40 a. m., from the causes and on the date stated above.

|  |                      |                                  |                               |
|--|----------------------|----------------------------------|-------------------------------|
| 23a. SIGNATURE<br><i>Wm Schumacher</i> | (Degree or title) MD | 23b. ADDRESS<br>2701 S. Chestnut | 23c. DATE SIGNED<br>3 July 56 |
|--|----------------------|----------------------------------|-------------------------------|

|   |                      |   |  |
|---|----------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 24b. DATE<br>27/3/56 | 24c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Mo. |
|---|----------------------|---|--|

|  |   |   |                         |
|--|---|---|-------------------------|
| DATE REC'D BY LOCAL REG.<br>JUL 3 1956 | REGISTRAR'S SIGNATURE<br><i>Carl Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Wm Schumacher | ADDRESS<br>3013 Meramec |
|--|---|---|-------------------------|

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 <sup>NOT</sup>

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. 4746

P. O. Address *St. Francis*

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.