

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24895

State File No.

FILED JUL 20 1956

6201

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6201			
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 wks		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 Little Flower Convalescent Home				e. STREET ADDRESS (If rural, give location) 427 a Wilmington ave. 20190					
3. NAME OF DECEASED (Type or Print) a. (First) Annie		b. (Middle) D.		c. (Last) Coughlin		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 28, 1869			
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Mins. _____					
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) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Thomas Burke		13b. MOTHER'S MAIDEN NAME Anna McGrath		14. NAME OF HUSBAND OR WIFE Patrick J.		
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 Jos. L. Burke			ADDRESS 427 a Wilmington ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification Infirmities of old age Arteriosclerotic Cardiovascular renal dis. DUE TO (b) Hypertensive (V.K.D.) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Malnutrition and inanition Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition and inanition					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x					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) (m.)		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 2-18, 1955 to 6-29, 1956 that I last saw the deceased alive on 6-15, 1956 and that death occurred at 3 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Do not print) C. A. Nester MD				23b. ADDRESS 5610 S Compton		23c. DATE SIGNED 6-30-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas			
DATE REC'D BY LOCAL REG. JUL 2 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. Hoffmeister		ADDRESS U. & L. Co. 7814 S. Broadway			

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 *Lewis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Pro

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.