

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

State File No.

No. 300
19.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 3004

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>4/3</u>	c. CITY OR TOWN <u>Jennings 4028</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9422 Dickerson Drive</u>		e. STREET ADDRESS (If rural, give location) <u>9422 Dickerson Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>COYNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 19 56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 22, 1879</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Michael Coyne</u>	13b. MOTHER'S MAIDEN NAME <u>Hanora Flannigan</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Lacey Coyne</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth L. Coyne, 9422 Dickerson Drive</u>	ADDRESS
---	---	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Dis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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? 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) <u>Bellefontaine Jennings, St. Louis, MO</u>
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 Jan 1955, to 12-9, 1956, that I last saw the deceased alive on 12-12, 1956, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Lantana M.D.</u>	23b. ADDRESS <u>7801 N. Taylor</u>	23c. DATE SIGNED <u>12/20/56</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
--	---------------------------	--	--

DATE REC'D BY LOCAL BRG. <u>12-20-56</u>	REGISTRAR'S SIGNATURE <u>Hebeal R. Donkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons-7233 Delmar Blv'd.,</u>	ADDRESS
--	---	---	---------

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

2801 N. Taylor
JE 3-8100
Hw: 1-4 - Shuman.

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 *Arnold W. Schaefer*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis*

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.