

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44304**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **548** Registrar's No. **3008**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (in this place) 52 Yrs	c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 440 Selma Ave.		e. STREET ADDRESS (If rural, give location) 440 Selma Ave.	

3. NAME OF DECEASED (Type or Print) EVA MORRISON COGGESHALL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH 12-20-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-7-1892	9. AGE (In years last birthday) Months Days 64	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Gilbert Morrison	13b. MOTHER'S MAIDEN NAME Jean Burnett	14. NAME OF HUSBAND OR WIFE Kenneth M Coggeshall
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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 K.M. Coggeshall	ADDRESS 440 Selma Ave.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of large colon, primary; with generalized metastases, including lung and liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 July 1955 September 1956	19b. MAJOR FINDINGS OF OPERATION Ca of large bowel (resection + colotomy) @ Exploratory laparotomy, inoperable metastases.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1538
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **20 Dec 1956**, to **20 Dec 1956**, that I last saw the deceased alive on **20 Dec 1956**, and that death occurred at **8:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Philip R. Gals, M.D. (Degree or title)	23b. ADDRESS 7811 Carondelet, Clay Co. Mo	23c. DATE SIGNED 20 Dec 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. 12-21-56	REGISTRAR'S SIGNATURE Herbert B. Romberg	FUNERAL DIRECTOR'S SIGNATURE Parker-aldrich-Webster Groves Mo.	ADDRESS
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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 *Leslie Welch*.....

Licensed Embalmer No. *439*

P. O. Address *Whitaker Gro.*

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.