

U.S. No. 300
REV. 10-4-56

STANDARD CERTIFICATE OF DEATH

11620

FILED APR 15 1957

State/Filing No. 870
Registrar's No. 870

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>870</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>10 mos.</u>		c. CITY OR TOWN <u>LADUE 4431</u>		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 <u>NORMANDY OSTEOPATHIC</u>				e. STREET ADDRESS (If rural, give location) <u>10024 CONWAY RD-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>W</u> c. (Last) <u>COULTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 6, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN Continental Car</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRAY ALLE ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM COULTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FILLWOOD</u>		14. NAME OF HUSBAND OR WIFE <u>NORMA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-01-6796</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norma Coulter-as above</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE HEART DISEASE</u> DUE TO (c) <u>ARTERIO-SCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u> <u>3 YRS</u> <u>10 YRS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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>4201</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 <u>3-1-</u> , 19 <u>56</u> , to <u>MCH 30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>MCH 30</u> , 19 <u>57</u> , and that death occurred at <u>10 10P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Farley MD</u> (Degree or title)				23b. ADDRESS <u>6623 LILLIAN ST LOUIS MO</u>		23c. DATE SIGNED <u>3-30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>April 3-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-1-57</u>		REGISTRAR'S SIGNATURE <u>Hebecl R. Lamb</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Bopp, Inc Kirk</u>			

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 *Francis J. [Signature]*
Licensed Embalmer No. *4512*
P. O. Address *Richmond*

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.