

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027632  
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1606

300  
1-57

|   |                              |  |  |   |   |
|---|------------------------------|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>   |                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>CLAYTON</b>   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>PINE LAWN 4161</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>ST. LOUIS CNTY. HOS.</b>  |                              | Length of stay in 1b<br><b>17 days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2502 CRESCENT</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>George</b> Middle <b>E</b> Last <b>Coeytaux</b>   |                              |  | 4. DATE OF DEATH<br>Month <b>6</b> Day <b>15</b> Year <b>1958</b>  |   |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> ( <input type="checkbox"/> ) DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>SEPT. 20, 1883</b>  |   | 9. AGE (In years last birthday)<br><b>74</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done if not retired)<br><b>TYPEWRITER REPAIR</b>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>UNDERWOOD</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>ST. LOUIS, MO.</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                              | 13a. FATHER'S NAME<br><b>JOSEPH COEYTAUX</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>ELIZABETH BUEHLHORN</b>             |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b>  |                              | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  | 16. SOCIAL SECURITY NO.<br><b>496-20-7510</b>                       |   |
| 17. INFORMANT<br><b>MRS. VERA FRANCIS,</b>  |                              | Address<br><b>2502 CRESCENT</b>  |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bacterial pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Post-operative fractured hip</b><br>DUE TO (c) <b>Wound infection - hip</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cerebral edema</b> |                              |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>E903.0</b>                                     |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>accidentally fell while walking</b>   |  |   |   |
| 20c. TIME OF INJURY<br>Hour <b>5-30-58</b><br>a.m. <b>5-30-58</b><br>p.m.   |                              | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>home</b>  |  |   |   |
| 20e. CITY, TOWN, OR LOCATION<br><b>Pine Lawn, Mo.</b>   |                              | COUNTY   |  | STATE   |   |
| 21. I attended the deceased from <b>5-22-1958</b> to <b>6-15-1958</b> and last saw <sup>her</sup> him alive on <b>6-15-1958</b><br>Death occurred at <b>2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.</b>   |                              |  |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Chert M. Lay M.D.</b>  |                              |  | 22b. ADDRESS<br><b>601 S. Brentwood Blvd, Clayton</b>  |   | 22c. DATE SIGNED<br><b>6-16-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>   |                              | 23b. DATE<br><b>JUNE 17, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Vaihalla Grematory</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS COUNTY, MO.</b>         |
| 24. FUNERAL DIRECTOR<br><b>L.B. TANNER,</b>   |                              | ADDRESS<br><b>6107 NATURAL BRIDGE</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>6/16/58</b>                      | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Domke MD</b>                               |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *John J. Haines* .....

Licensed Embalmer No. *4108* .....

P. O. Address *St. Louis, Mo.* .....

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.