Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034098
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9512

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 27 Homer G. Phillips — Length of stay in 1b 2½ years 2259

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1221 N. 18th St. #214 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mitchell Middle Last Coger
4. DATE OF DEATH Month 10 Day 1 Year 58
5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Mar. 17, 1877
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 6 Days 14 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (City and state or country) Brooksville, Miss. 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Monday Coger
13b. MOTHER'S MAIDEN NAME Mary ?
14. NAME OF HUSBAND OR WIFE --
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mary Lou Logan — Address 1221 N. 18th St., Apt. 214

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cor Pulmonale
DUE TO (c) Pulmonary Emphysema
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pyelonephritis 527.1
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-58, to 10-1-58 and last saw ~~her~~ him alive on 10-1-58
Death occurred at 10:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Inasu, M.D.
22b. ADDRESS 2601 N. Whittier St.
22c. DATE SIGNED 10-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 6, 1958
23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR J. H. RANDLE & SON — ADDRESS 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG. OCT 4 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith MD acm

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ester N. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Mackenzie

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.