

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011587
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 729

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLAYTON 4442 University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. County Hospital		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 7745 Kingsbury
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Coffman			4. DATE OF DEATH Month March Day 17 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1915		9. AGE (In years last birthday) 43 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Army Major		11. BIRTHPLACE (City and state or country) Itasca, Texas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME William Henry Coffman		13b. MOTHER'S MAIDEN NAME Blanch Coffman		14. NAME OF HUSBAND OR WIFE Alice Osborne Coffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW II		16. SOCIAL SECURITY NO. 277-36-1844		17. INFORMANT Mrs. Alice O. Coffman 7745 Kingsbury Address U-City Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning			INTERVAL BETWEEN ONSET AND DEATH 9731
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intentional inhalation of carbon monoxide poisoning	
20c. TIME OF INJURY 3:25 p.m. Body found			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) car parked on Famous Barr Co. parking lot		20f. CITY, TOWN, OR LOCATION University City, St. Louis, Mo.	
21. I attended the deceased from Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her alive on _____			

22a. SIGNATURE (Degree or title) Raymond H. Hand Coroner		22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 3/13/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 19, 59		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.	
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24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. 3-18-59		26. REGISTRAR'S SIGNATURE J. B. Muffly M.D.	
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(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

MEDICAL CERTIFICATION

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*
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.