Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014817

STATE FILE NUMBER 2 3462

FILED MAY 8 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY	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 St.Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Wellston 4301 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospt — Length of stay in 1b Unk.	d. STREET ADDRESS (If outside, give location) 1714 Grove Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Isadore	Middle: F	Last: Cointin	4. DATE OF DEATH Month Day Year: April 5 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 2 1886	9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman	10b. KIND OF BUSINESS OR INDUSTRY: Factory	11. BIRTHPLACE (City and state or country): Florissant, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Frank Cointin	13b. MOTHER'S MAIDEN NAME: Louise Pfahles	14. NAME OF HUSBAND OR WIFE: Grace Cointin		
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.: 489 01 5429	17. INFORMANT: Grace Cointin	Address: 1714 Grove Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE MYOCARDIAL INFARCTION	2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	THROMBOSIS OF CORONARY ARTERY	2 DAYS
DUE TO (c)	ARTERIOSCLEROSIS.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 Nov. 19, 51, to Apr. 5, '59 and last saw ~~her~~ him alive on Apr 5, 1959. Death occurred at Apr. 5, 1959 9:00a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E Clark M.D	22b. ADDRESS: 35 N. Central	22c. DATE SIGNED: 4.6.59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 4-8-59	23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.Mo.		
24. FUNERAL DIRECTOR: J.W.Clark F.H.	ADDRESS: 1125 Hodiamont Ave	25. DATE RECD. BY LOCAL REG.: APR 8 '59
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

35 N Central ave.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Fidlie

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.