URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041707
STATE FILE NUMBER

FILED VS DEC 7 1959

ENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210664

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8826 Park Lane — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8826 Park Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dora — Middle: L. — Last: Coughlin

4. DATE OF DEATH: Month November — Day 17 — Year 1959

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-4-1880
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Onions
13b. MOTHER'S MAIDEN NAME: Mary Muehlhausen
14. NAME OF HUSBAND OR WIFE: deceased

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.: unknown
17. INFORMANT: Address: Mrs. Viola Vollet 8826 Park Lane

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)	Coronary Occlusion	2-3 min.
DUE TO (b)	Arterio-sclerotic Heart Disease	10 yrs.
DUE TO (c)	Senility (assoc with). 420.0	10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 —
INJURY ON FACE FROM FALL ASSOC WITH OCCLUSION

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: St Louis — COUNTY: 20 — STATE: Mo.

21. I attended the deceased from Apr. 1954 to Nov 16, 1959 and last saw her/him alive on Nov. 16, 1959
Death occurred at home - Nov 18, 1959. 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Barney W. Finkel M.D. (Degree or title)
22b. ADDRESS: 6508 W Florissant Av
22c. DATE SIGNED: 11/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-20-59
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc. — ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: NOV 19 1959
26. REGISTRAR'S SIGNATURE: Noel Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clement McNeany

Signature of Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.