

OCT 14 1939

791

State File No.

8074

Registration District No.

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7538 Ethel Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARTIN ALBERT COYNE

3. (b) If veteran, name war None 3. (c) Social Security No. 489-10-8915

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philomene Coyne 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 20th 1894
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 28 If less than one day hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Automobiles

MOTHER FATHER { 12. Name Martin Coyne
18. Birthplace Galena Ireland
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Bertha Meitz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Philomene Coyne
(b) Address 7538 Ethel Richmond Heights

17. (a) Valhalla (b) Date thereof Sept. 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Hatton-Bocklage
(b) Address 6536 Clayton Road

19. (a) SEP 19 1939 (b) J. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - day 18 year 1939 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from 9-6, 1939, to 9-18, 1939; that I last saw him alive on 9-17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to Rupture of Cancer of sigmoid primary site
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations Annular Carcinoma of sigmoid and Peritonitis
Of autopsy Carcinoma in mesenteric glands.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Phell Stewart (M. D. or other)
Address Lister Bldg Date signed 9/19/39