WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22811

Township ..... Primary Registration District No. 1003 Registered No. 6472

City St. Louis (No. 5941 Horton Pl. St. ..... Ward)

2. FULL NAME Dexter Wales Coleman

(a) Residence. No. ..... St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 15, 1873

7. AGE: Years 54 | Months 4 | Days X | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Last employment 15 years ago
(b) General nature of industry, business, or establishment in which employed (or employer): Cincinnati Gas Co
(c) Name of employer: Labor

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Kentucky

PARENTS
10. NAME OF FATHER: Chas. S. Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): O'Bannon Ky
12. MAIDEN NAME OF MOTHER: Virginia S. Copp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky

14. INFORMANT: Mrs Virginia S. Coleman
(Address) 5941 Horton Ave

15. FILED 11 15, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 15 1927

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1927, to July 15, 1927 that I last saw him alive on July 14, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arthritis Deformans
536
578
(duration) 15 yrs. — mos. — ds. from history

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) ..... yrs. 6 mos. ..... ds. from history

18. *WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Covington Kentucky
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Arthur C. Kimball, M. D
July 15, 1927 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory
DATE OF BURIAL: July 16 1927

20. UNDERTAKER: Elmer Shepard
ADDRESS: 5921 Easton