

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

31066
Do not use this space.

RECD OCT 17 1938

1. PLACE OF DEATH
(a) County: St. Louis Registration District No. 1003
(b) Township: St. Louis Primary Registration District No. 1003
(c) City: St. Louis Mo (d) Street No. Emmale St Registered No. 8503
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME James Coleman 455
(a) Residence, No. 2318 Pine St St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Abt. 2 mo
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
13. NAME James Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Daniel Ferry 3647 French
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 9-7 1928
19. FUNERAL DIRECTOR (ADDRESS) W. Richter 3500 Butler
20. FIL SEP 28 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1938
22. I HEREBY CERTIFY, That I attended deceased from 1938, 1938, to 1938, 1938
I last saw h. alive on 1938 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:
Premature Birth
Congenital debility
Date of onset 159
Other contributory causes of importance:
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Alfred Perry (Signed) Alfred Perry M. D.
(Address) Alfred Perry

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)