

APR 12 1939

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

9092
Do not use this space.

791
1008

2857

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis Mo / (d) Street No. 806th N 15th St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

(a) Residence, No. 806th N 15th St St. 35 (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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark Coleman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1872
 7. AGE YEARS 66 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ill.

FATHER 13. NAME Unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Elwood Pope 806th N 15th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 3-27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Budack's Walter 2717 Standard

20. FILE NO. MAR 27 1939 J.D. Budack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 21 1939 to March 22 1939
 I last saw her alive on March 21 1939 Death is said to have occurred on the date stated above, at 11:00 am
 The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation
Hypertension

Other contributory causes of importance: None

Name of operation Date of
 What test confirmed diagnosis? Cholera Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify
 (Signed) W. A. Russell, M. D.
 (Address) 233, Franklin

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

William C. McDowell

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2114

P. O. Address

3306 Franklin Ave

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 this body is not embalmed, above space should be left blank.