

JAN 12 1940

791

Registration District No. 1000

Primary Registration District 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: Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Unknown (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Frank Coleman3. (b) If veteran,
name war.3. (c) Social Security
No. None4. Sex Male 5. Color or
race Col.6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased November 1 1922
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
17 1 13 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Porter

11. Industry or business _____

12. Name George Coleman13. Birthplace UNKNOWN Missouri
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace UNKNOWN Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature George Coleman(b) Address 3721 Hickory, St.17. (a) Burial (b) Date thereof 12-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director E. L. Garner(b) Address 2829 Washington, Ave.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3721 Hickory
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1939 hour 8:00 minute 55 P.M.21. I hereby certify that I attended the deceased from
December 6 1939 to December 14 1939;
that I last saw him alive on December 14 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Typhoid Fever Duration 15 days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Typhoid Fever

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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 H. J. Lyman (M. D. or other) _____Address 2601 N Whittier Date signed 12/15/39

DEC 20 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No.

3389

P. O. Address

3028 Dickson

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.