DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27254

SEP 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3437 ST VINCENT 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~3437 St Vincent~~ (Specify whether) In this community 455 years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3437 St Vincents (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Coleman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Ne

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Coleman

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 9 (Day) 1877 (Year)

8. AGE: Years 63 Months 5 Days 1 If less than one day hr. min.

9. Birthplace old mines (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business House work

FATHER

12. Name Gabe Coleman

13. Birthplace old mines (City, town, or county) Mo (State or foreign country)

MOTHER

14. Maiden name Louise Miralle

15. Birthplace old mines (City, town, or county) Mo (State or foreign country)

16. (a) Informant Gertrude Coleman

(b) Address 3437 St Crescent

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation old mines Aug 12 1940

18. (a) Signature of funeral director Sparks

(b) Address Potosi Mo

19. (a) AUG 24 1940 (Date received local registrar) (b) J. D. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Aug. year 1940 hour 10 minute AM M.

21. I hereby certify that I attended the deceased from 1-1- 1931, to 10th Aug 1940, that I last saw h. alive on 7-1- 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Malignant Hypertension	10-15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H Fuchs M.D. (M. D. or other)

Address 665 Emright Date signed 8-10-40

(Licensed Embalmer's Statement on Reverse Side)

7150

7150

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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