No. 2
4-13-40
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PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 1991

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 208

Registrar's No. 208

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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 80

(c) City or town St. James (If outside city or town limits, write "RURAL") N.R. 3

(d) Street No. Box 402 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Raymond Murray Coleman

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb (Month) 24 (Day) 1895 (Year)

8. AGE: Years 45 | Months 10 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

MOTHER FATHER

12. Name Thomas Coleman

13. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

14. Maiden name Maude Sugard

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Florence Coleman

(b) Address St James, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation St James, Mo.

18. (a) Signature of funeral director Albert H. Hopper

(b) Address 4700 Washington Av.

19. (a) JAN 9 1941 (Date received local registrar) (b) J. H. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1941 hour 6 00 minute A M.

21. I hereby certify that I attended the deceased from Dec 27, 1940, to Jan 9, 1941; that I last saw him alive on Jan 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis
Broncho pneumonia
Infarcts of right lower lobe of lung

Due to Pulmonary Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

Duration

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 D

23. Signature F R Bradley (M. D. or ~~other~~)

Address BARNES HOSPITAL Date signed 1-9-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1945

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.