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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8717

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2127

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

1. PLACE OF DEATH:

(a) County

(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 7 days (Specify whether

In this community 53 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 2217 (If outside city or town limits, write "RURAL")

(d) Street No. 212 ~~2124~~ Plum 9 (If rural, give location) 0

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

3. (a) PRINT FULL NAME Robert Coleman

3. (b) If veteran, name war NO

3. (c) Social Security No. 494-09-2639

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 15 (Day) 1886 (Year)

8. AGE: Years 54 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) 1 Tenn. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Halbert Coleman

13. Birthplace 1 Virginia (City, town, or county) (State or foreign country)

14. Maiden name Laura Coleman

15. Birthplace 1 Virginia (City, town, or county) (State or foreign country)

16. (a) Informant X George Coleman

(b) Address 1509 Gay St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Elmer E. Pettis

(b) Address 30 30 Bell Ave.

19. (a) MAR 6 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1941 hour 4:44 minute A M.

21. I hereby certify that I attended the deceased from February 26, 1941, to March 4, 1941; that I last saw him alive on March 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	5-7 das
Bronchial Asthma Abt	10-15mos
Due to	
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 0

23. Signature Edell W. McIntosh (M. D. or other)

Address 2601 N Whittier Date signed 3/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 8114

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.