

FILLED JUL 21 1941 791
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer 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 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and give location)

(d) Street No. 38 Crestwood Drive

(e) Citizen of foreign country? Clayton (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Zula Coleman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem / 5. Color or race N

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

6. (b) Name of husband or wife Edward Coleman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June (Month) 6 (Day) 1880 (Year)

8. AGE: Years Months Days If less than one day

60	11	25	hr. _____ min.
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9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Baskett

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

14. Maiden name Sallie Williams

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

16. (a) Informant Olivia Hayes

(b) Address 4409 St. Ferdinand Ave

17. (a) Burial (b) Date thereof June 4 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) JUN 4 - 1941 (Date received local registrar) J. W. Gredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from 5-24-41 19 to 5-30-41 19
that I last saw her alive on May 30 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Indef.

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 _____

23. Signature H. J. Erwin (M. D. or other) _____

Address 2601 Whittier Date signed 6-2-41

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

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

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, fact should be so stated above.