

Registration District No. **794**

Primary Registration District No. **2d**

Registrar's No. **780**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ballerwin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Fine Crest Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1101 Childress
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret M. Coleman
 3. (b) If veteran, name war. None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5th
 year 1942 hour 9 minute 35 p. M.
21. I hereby certify that I attended the deceased from February 16th, 1942 to April 5th, 1942
 that I last saw him ~~her~~ alive on April 4, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles H. Coleman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept - 15 - 1854
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
 Duration _____

8. AGE: Years 87 Months 6 Days 21
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Arterio-sclerosis
(include pregnancy within 3 months of death)

9. Birthplace Hamilton, Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation Ret.

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER {
FATHER {
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 4
 (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? _____

16. (a) Informant Mrs. V. F. Simpson
 (b) Address 1101 Childress
 17. (a) Burial (b) Date, thereof 4-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clark Hill Cem. St. Louis, Mo.
 18. (a) Signature of funeral director W. J. Bopp
 (b) Address 1101 Childress
 19. (a) APR 7 1942 (b) E. J. McFarland
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury _____
 23. Signature R. H. Jansen (M. D. or _____)
 Address Manchester, Mo. Date signed 4/5/42

Handwritten notes and scribbles at the top of the page, including the number '20' and other illegible markings.

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.....

Louis H Bopp

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No.

921

P. O. Address.....

Kirkwood, Mo

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.