No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22690

Registrar's No. 6219

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 7 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union (If outside city or town limits, write "RURAL") NR

(d) Street No. Washington Ave. (If rural, give location) 36

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Earl Colemann

3. (b) If veteran, name war no

3. (c) Social Security No. 494-09-6963

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb. (Month) 24 (Day) 1916 (Year)

8. AGE: Years 26 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

MOTHER FATHER

12. Name Rolla Coleman

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

14. Maiden name Clara Schiller

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

16. (a) Informant Clara Coleman

(b) Address Union, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUL 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 6 minute 45 a. M.

21. I hereby certify that I attended the deceased from 7-15, 1942 to July 21, 1942 that I last saw him alive on July 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure acute, Acidosis

Due to Pneumonia (Bronchial), Superimposed on diabetes mellitus with renal insufficiency

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia

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

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

Address Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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

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