

State File No. ....

**FILED MAY 31 1946**

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3842

**1. PLACE OF DEATH:**

(a) County St. Louis

(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 1 month  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 3412 Franklin  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Arthur Coleman

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 25  
 year 1946 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from Mar. 25, 1946, to April 25, 1946  
 that I last saw h. im alive on April 25, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Julie Bell Coleman

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

7. Birth date of deceased July 12 - 1913  
(Month) (Day) (Year)

Immediate cause of death Far Advanced Pulmonary Tuberculosis Duration Unk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 13h  
(Include pregnancy within 3 months of death)

**8. AGE:** Years 32 Months 9 Days 2  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Farming

12. Name Frank Coleman

13. Birthplace Scotts Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Loda

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

16. (a) Informant Wanda Shaw

(b) Address East St. Louis Ill

(c) Place: burial or cremation EAST ST. LOUIS, ILL

18. (a) Signature of funeral director J. B. Predeck

(b) Address EAST ST. LOUIS, ILL

19. (a) APR 27 1946 (Date received local Registrar) J. B. Predeck (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy No

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 W. B. Bernard (M. D. or other) \_\_\_\_\_  
 Address 2601 N. Whittier Date signed 4/25/46

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

104333

**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 *Jim E. O'Leary*.....

Licensed Embalmer No. *35181*.....

P. O. Address **EAST ST. LOUIS, ILL.**.....

**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.**