

U.S. No. 2
FORM-5-43
Rev. 5-17-39
No. 1 X36871

FILED MAY 31 1946

Primary Registration District No. **1003**

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

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 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Coleman

3. (b) If veteran, name war WW

3. (c) Social Security No. WW

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 unknown
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>about 59</u>			hr. _____ min. _____

9. Birthplace Port Nelson, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name William Coleman

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

14. Maiden name Martha

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

16. (a) Informant Martha Barnes **17. (a) Address** 2721 Walnut Street

17. (a) Burial **(b) Date thereof** 4-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. P. [unclear]
(b) Address 2726 [unclear] Ave

19. (a) Date received local Registrar APP 29 1946 **(b) Registrar's signature** J. F. Bredeek

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")

(d) Street No. 2721 Walnut St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 4 minute 14 P. M.

21. I hereby certify that I attended the deceased from April 16 19 46 to April 24, 19 46
that I last saw him alive on April 24, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation

Duration Unk

Due to _____

Due to _____

Other conditions Inguinal Hernia, left indirect
(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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature E. B. Williams M. D. or other _____

Address 2601 N Whittier Date signed 4/25/46

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.....

Lawrence E. Edvardson

Licensed Embalmer No. *4341*

P. O. Address *St. Louis 13 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.