

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6125

FILED MAR 3 1947

State-File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1677**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 17 Yrs 8 Mons 10 Days

3. (a) PRINT FULL NAME George Coleman

3. (b) If veteran, name war no

3. (c) Social Security No. 495-28-0913

4. Sex Male 5. Color or race White

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 June 7 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Paint Sprayer

11. Industry or business _____

12. Name Benjamin Coleman

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

14. Maiden name Mable Connors

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

16. (a) Informant Mr Preston Hunt.

(b) Address 6434a Dale Ave.

17. (a) Burial (b) Date thereof 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) Feb 18 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 020

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

(d) Street No. 1424 Sulphur Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1947 hour 3 minute 45 a. m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd degree burn of 75% extent of the body with a bucket of hot paint thrown over the body

Other conditions Physician's Board Company 3960 Olive Street, St. Louis

PHYSICIAN

Major findings of operations 2:15 P.M. Feb. 14, 1947

Disautopsy _____

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) Accident

(b) Date of occurrence Feb 14, 1947

(c) Where did injury occur? 2200 W. _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Work
(Specify type of place)

(e) Means of injury falling

23. Signature Patricia E Taylor
(Physician or other)

Address 1300 Clark Date 2-18-47

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

SEP 25 1947

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

Henry M. Brammer

Licensed Embalmer No.

4200

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.