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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6126

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1843

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: 0
PEOPLE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4028 West Belle Pl. 90
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAUD COLEMAN

3. (b) If veteran, name war ------- 3. (c) Social Security No.

4. Sex Female 3 | 5. Color or race Col. | 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife BLAIR TAYLOR 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) UNKNOWN (Day) 1897 (Year)

8. AGE: Years abt 49 | Months | Days | If less than one day hr. min.

9. Birthplace Guntown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation nil

11. Industry or business nil

FATHER
12. Name Joseph Coleman
13. Birthplace Gun town (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Nancy Brownlee
15. Birthplace Guntown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Willie B. Coleman
(b) Address 2416 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation G. Greenwood

18. (a) Signature of funeral director Allen Tailes
(b) Address 3506 Franklin Ave.

19. (a) FEB 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1947 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 2-18-47, 1947, to 2-21, 1947, that I last saw her alive on 2-20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

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 0

23. Signature S. Bernard Wagner (M.D. or other)
Address 4503 Page St. Louis Mo. Date signed 2-21-47

(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 Teoffice E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed James W. Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin

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.