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

...AL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35612
Registrar's No. 9374

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 1333a. Whittier St. (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1333a. Whittier St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie Coleman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 5 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Yazoo City (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name William Battle
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jeanette Williams
(b) Address 1333a. Whittier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1947 hour 11:20 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 26, 1947 to Oct. 6, 1947 that I last saw her alive on Oct. 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 Monroe N. Little (M. D. ~~or other~~) M.D.
Address 3167 Sheridan Date signed 10-7-47

Jefferson City Printing Co.

(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 Fulton E Culkin

Licensed Embalmer No. 4198

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.