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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41361

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10797

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

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. 4043 Westminister Place
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES M. COLEMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife ANNA COLEMAN

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

7. Birth date of deceased OCTOBER (Month) 12 (Day) 1888 (Year)

8. AGE: Years 60 Months 2 Days 2 If less than one day hr. min.

9. Birthplace NEW JERSEY (City, town, or county) (State or foreign country)

10. Usual occupation CITY

11. Industry or business PARK DEPT.

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

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

16. (a) Informant Mrs Anna Coleman

(b) Address 4043 Westminister Place

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 16-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ New St Marcus Cem

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Ave.

19. (a) DEC 14 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1948 hour 2 minute 20 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 Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature [signature] (M. D. or other)

Address 300 Park Date signed DEC 14 1948

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.