

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9976

State File No.

| | | | | | | | | |
|---|--|---|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2171 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) over 30 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | 2219 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1310 Sarsfield | | | | d. STREET ADDRESS (If rural, give location) 1310 Sarsfield | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) _____ c. (Last) Coleman | | | 4. DATE OF DEATH | | 8 (Month) 9 (Day) 51 (Year) | | | |
| 5. SEX m | | 6. COLOR OR RACE Col | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never | | 8. DATE OF BIRTH June 3, 1881 | | |
| 9. AGE (In years last birthday) 69 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (State or foreign country) Memphis Tenn | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME James Coleman | | | 13b. MOTHER'S MAIDEN NAME Margaret Calhoun | | 14. NAME OF HUSBAND OR WIFE Estella Coleman | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Estella Coleman ADDRESS 1310 Sarsfield | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) - (Hour) (m.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H2A1 | | | | |
| 22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at 12:22 P. m., from the causes and on the date stated above. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) W. B. Lasater | | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 3/15/51 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Buried | | 23b. DATE 3-10-51 | | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | | 23d. LOCATION (City, town, or county) (State) St Louis City Mo | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1951 E. B. Lasater | | FUNERAL DIRECTOR'S SIGNATURE W. L. Beal | | ADDRESS W. L. Beal & Co. - 4303 Delmar | | | | |

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

425

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4940 Cupple

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.