

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1951

13917
State File No. 3179
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City

d. STREET ADDRESS (If rural, give location) 1025 Kenner

3. NAME OF DECEASED
(Type or Print) a. (First) Berniece b. (Middle) Jeanette c. (Last) Coleman

4. DATE OF DEATH (Month) (Day) (Year) April 3 1951

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

8. DATE OF BIRTH MARCH 4, 1924 **9. AGE** (In years last birthday) 27 IF UNDER 1 YEAR Months 0 Days 29 IF UNDER 14 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER **10b. KIND OF BUSINESS OR INDUSTRY** P.P.G. **11. BIRTHPLACE** (State or foreign country) HERCULANEUM, MO. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Ernest R. Pashia **13b. MOTHER'S MAIDEN NAME** EVA T. RILEY **14. NAME OF HUSBAND OR WIFE** CHAS. COLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Chas. Coleman **ADDRESS** Crystal City, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease with mitral stenosis

II. OTHER SIGNIFICANT CONDITIONS ? Acute appendicitis
Pulmonary infarct

INTERVAL BETWEEN ONSET AND DEATH
3 hours
3 years

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** H/OX

22. I hereby certify that I attended the deceased from March 28, 1951, to April 3, 1951; that I last saw the deceased alive on April 3, 1951, and that death occurred at 11:30a m., from the causes and on the date stated above.

23a. SIGNATURE J.R. Bradley (Degree or title) M.D. **23b. ADDRESS** BARNES HOSPITAL **23c. DATE SIGNED** 4/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** April 6, 1951 **24c. NAME OF CEMETERY OR CREMATORY** Rose Lawn Cemetery **24d. LOCATION** (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. APR 5 1951 **REGISTRAR'S SIGNATURE** J. B. Pasater **25. FUNERAL DIRECTOR'S SIGNATURE** Antonie Polotte **ADDRESS** Crystal City, Mo.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Georg P. Politt

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.