

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18986

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2343

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ann's Village</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>3433 Wright</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			

3. NAME OF DECEASED a. (First) <u>RAYMOND</u> b. (Middle) <u>J.</u> c. (Last) <u>COLEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>11-16-47</u>	9. AGE (In years last birthday) <u>3 years</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Janice Getz</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Coleman, father-</u>		ADDRESS <u>3433 Wright</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage and Contusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Fracture
DUE TO (c) Cerebral Compression

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Automobile Accident

21a. ACCIDENT (Specify) <u>Struck by Automobile</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Charles Rock Rd</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>County,</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 1 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? (When walking or running) <u>Hit by Automobile into right side of auto.</u>	

22. I hereby certify that I attended the deceased from 6-1-51, 1951, to 6-2-51, 1951, that I last saw the deceased alive on 6-2-51, 1951, and that death occurred at 1:54 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert P. Donke</u> (Degree or title) <u>D.D. 1283 Natural Bridge</u>		23b. ADDRESS <u>St. Louis, Missouri</u>		23c. DATE SIGNED <u>6-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Stroot & Carroll 4600 Natural Bridge</u>			

DATE REC'D BY LOCAL REG. <u>6-4-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUN 14 1951

H. H. Sullivan
J.R.

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis 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.

(mu 70)