No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9824

State File No.

FILED MAR 22 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1830

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural #1 Ellington
d. STREET ADDRESS (If rural, give location): 1010

3. NAME OF DECEASED (Type or Print)
a. (First): OLA
b. (Middle): MYRTLE
c. (Last): COLEMAN

4. DATE OF DEATH (Month) (Day) (Year): 2 25 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 8-4-1889
9. AGE (In years last birthday): 62 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Ferguson
13b. MOTHER'S MAIDEN NAME: Nancy Holmes
14. NAME OF HUSBAND OR WIFE: Andrew Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Telsie Gasser
ADDRESS: 6405 Lennox

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) Generalized carcinomatosis of kidney, gallbladder, omentum and intestines. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 1998

19a. DATE OF OPERATION: 2-18-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gallbladder, omentum & intestines. Kidney 5 yrs ago.
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?

22. *I hereby certify that I attended the deceased from* Feb. 14, 19 52, *to* 2-25-52, 19____, *that I last saw the deceased alive on* 2-25-52, 19____, *and that death occurred at* 2:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: 4930 Lindell Blvd., St. Louis, Mo.
23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2-27-52
24c. NAME OF CEMETERY OR CREMATORY: Mounts Cemetery
24d. LOCATION (City, town, or county) (State): Ellington Mo

DATE REC'D BY LOCAL REG.: FEB 26 1952
REGISTRAR'S SIGNATURE: J. Carl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE: McLaughlin Funeral Home
ADDRESS: ~~2801 Lafayette Ave.~~
mgb. (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 .....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed F. G. Farris

Licensed Embalmer No. B-384

P. O. Address 2301 Lafayette

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.