

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32842

State File No.

NOV 1 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8594**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 2232 Carr St	
3. NAME OF DECEASED a. (First) Arthur (Type or Print) b. (Middle) c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8 1952
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1874
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Alabama
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Julia 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. 428-36-1493	17. INFORMANT'S SIGNATURE OR NAME Julia Coleman	ADDRESS 2232a Carr St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Essential Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Undet.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 332x

22. I hereby certify that I attended the deceased from **7-5 1952**, to **9-8 1952**, that I last saw the deceased alive on **9-8 1952** and that death occurred at **8:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward B. Williams, M.D.	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 9-10-52
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 9/15/52	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Co. MO.		

DATE REC'D BY LOCAL REG. SEP 13 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry	ADDRESS 4202 Finney Ave
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.