

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 13 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10035**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 Days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>61 N. E. 63rd St.</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Daniel</b>		b. (Middle) <b>Jackson</b>	
c. (Last) <b>Coleman</b>		DATE OF DEATH <b>Oct 29 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 26 1867</b>
9. AGE (In years last birthday) <b>84</b>		10. MONTH <b>11</b>	11. DAY <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Newspaper Route</b>		11. BIRTHPLACE (State or foreign country) <b>Leavenworth Kansas</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
13a. FATHER'S NAME <b>Cornelius Coleman</b>		13b. MOTHER'S MAIDEN NAME <b>Esteline Cunningham</b>	
13c. NAME OF HUSBAND OR WIFE <b>Stella Coleman</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Coleman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Stella Coleman</b>		ADDRESS <b>419 E. Monroe Kirkwood</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerotic, generalized</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Diabetes Mellitus</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
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? <b>260X</b>			
22. I hereby certify that I attended the deceased from <b>10-25</b> , 19 <b>52</b> , to <b>10-29</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-28-52</b> , 19 <b>52</b> , and that death occurred at <b>4:30 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Carl R. Meyer</b>		23b. ADDRESS <b>M. D. 457 N. Washington</b>	
23c. DATE SIGNED <b>10/31/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-31-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 31 1952</b>		REGISTRAR'S SIGNATURE <b>Carl R. Meyer</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfitzinger</b>		ADDRESS <b>Kirkwood 22 Mo.</b>	

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

20090

**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 *William H. Fitzinger* \_\_\_\_\_

Licensed Embalmer No. *4316* \_\_\_\_\_

P. O. Address *Kidderock, 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.