

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40079**
Registrar's No. **9135**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 3 3015 Ellendale			
3. NAME OF DECEASED a. (First) Ella (Type or Print) b. (Middle) c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) 9-30-52		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-3-18	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Days 0 Hours 27 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marion DeClue		13b. MOTHER'S MAIDEN NAME Anna Peyton	
14. NAME OF HUSBAND OR WIFE Louis Coleman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Louis J. Coleman		17. ADDRESS Kirkwood Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Apparently a primary carcinoma of stomach (pathology slides waiting). This was a primary Ca of the cervix treated by radiation previously.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Emaciation, brown atrophy of the heart, adrenal ex-pyostein		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 151X	
22. I hereby certify that I attended the deceased from 7-5-52 , 19___, to 9-30-52 , 19___, that I last saw the deceased alive on 9-30-52 , 19___, and that death occurred at 7:01 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Miguel Santiago M.D.		23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/3/52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood Mo		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp Jr		25. ADDRESS Kirkwood 22 mo	
DATE REC'D BY LOCAL REG. OCT 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		(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 Felix Aluand

Licensed Embalmer No. 8034

P. O. Address Waukegan 227

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.