

No. 30.00
10.48

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

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29390**
Registrar's No. **1765**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1765	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 10 years		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Home				e. STREET ADDRESS (If rural, give location) 10341 Manchester Rd.			
3. NAME OF DECEASED a. (First) JOHANNA GERTRUDE (Type or Print)			b. (Middle) _____			c. (Last) COLEMAN	
4. DATE OF DEATH July 19 1954		5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan 4 1875		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John J. Sedwidge		13b. MOTHER'S MAIDEN NAME Mary R. Keating		14. NAME OF HUSBAND OR WIFE John R. 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. 078		17. INFORMANT'S SIGNATURE OR NAME Russell W. Coleman ADDRESS 7250 Maple			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis - left hemisphere ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular renal disease DUE TO (c) Arteriosclerosis general				INTERVAL BETWEEN ONSET AND DEATH 3 days estimated 15 yrs estimated 18 yrs	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				442X	
22. I hereby certify that I attended the deceased from Nov 25, 1949 , to July 19, 1954 , that I last saw the deceased alive on July 14, 1954 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.						23a. SIGNATURE (Degree or title) CH Bockelman M.D.	
23b. ADDRESS 2615 Brentwood Blvd		23c. DATE SIGNED 7/20/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removed July 22-54		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) St. Louis Mo.		24e. STATE _____		DATE REC'D BY LOCAL REG. 7/20/54	
REGISTRAR'S SIGNATURE Heber R. ...		FUNERAL DIRECTOR'S SIGNATURE H. Bocklage		ADDRESS 6536 Clayton Rd.			

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.....
Signature of Student Embalmer

Signed *J. W. P. Binkley*.....
Licensed Embalmer No. *3653*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.