

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43499

State File No. 11553

318

1003

Registrar's No. 11553

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11553	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Homer G. Phillips Hospital</u>				STREET ADDRESS (If rural, give location) <u>5018 Wabada</u> <u>2069</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mallie</u>		b. (Middle) <u>Emily</u>		c. (Last) <u>Coleman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 17 54</u>	
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 8, 1900</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moorehouse Parish, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Allen Fudge</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Namon Coleman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sadye Jenkins, 5024 Wabada</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>Undt.</u>	
		ANTECEDENT CAUSES <u>Hypertensive Cardio-vascular Disease</u>					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u>					
		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 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443x</u>			
22. I hereby certify that I attended the deceased from <u>12-15</u> , 19 <u>54</u> , to <u>12-17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>54</u> , and that death occurred at <u>2:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin B. Williams, M.D.</u>			23b. ADDRESS <u>2601 N. Whittier</u>			23c. DATE SIGNED <u>12-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/21/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>DEC 20 1954</u>		REGISTRAR'S SIGNATURE <u>Charles J. Gates</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>			

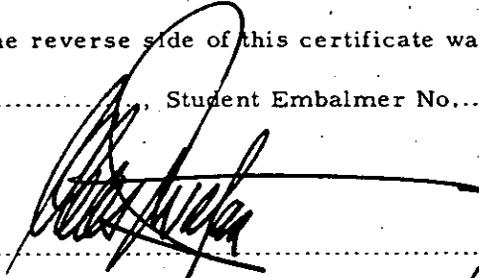
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 1875

P. O. Address 4107 Finney

- 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.