

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2650

FILED JAN 17 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Feminine Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>10 3940 Ashland 210 1/2</i>	
3. NAME OF DECEASED a. (First) <i>Joe</i> b. (Middle) c. (Last) <i>Coleman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 1, 1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July - 1873</i>
9. AGE (in years last birthday) <i>82</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Mississippi</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
10a. KIND OF BUSINESS OR INDUSTRY <i>Brown Shoe Co.</i>	13a. FATHER'S NAME <i>Justin Coleman</i>		13b. MOTHER'S MAIDEN NAME <i>Teggy</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Carroll Coleman</i>		ADDRESS <i>3940 Ashland</i>	

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) <i>Hodgkin's disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)	
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? <i>201X</i> 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?

22. I hereby certify that I attended the deceased from *Nov. 7, 1955*, to *Jan 1, 1956*, that I last saw the deceased alive on *Nov. 31, 1955*, and that death occurred at *9:00A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Jack Zuelow</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>4500 Olive St. St. Louis, Mo</i>	23c. DATE SIGNED <i>1-3-56</i>
24a. HOSPITAL, CREMATION REMOVAL (Specify)	24b. DATE <i>Jan 4, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
DATE REC'D BY LOCAL REG. <i>JAN 4 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. P. Noe</i> ADDRESS <i>1221 N Grand</i>	

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 *William Blackman*.....

Licensed Embalmer No. *396*

P. O. Address *1221 N. 9th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.