

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42855

STATE FILE NUMBER

FILED DEC 18 1956

79461-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10908

|  |  |   |  |  |   |   |   |   |  |
|--|--|---|--|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                      |   |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                 |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Homer G. Phillips</b>   |  |   | Length of stay in lb   |  | d. STREET<br>ADDRESS <b>2197 4286 Washington</b>                |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Alvin</b> Middle <b>(Twin # 1)</b> Last <b>Coleman</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>9</b> Year <b>56</b>  |   |   |   |   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>Negro</b>   |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>10-9-56</b>  |   | 9. AGE (In years last birthday)<br>IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.<br><b>11 29</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY   |   |  |
| 13. FATHER'S NAME  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Ruby Lee Coleman</b>  |   |   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |  |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br><b>Mrs. Mary D. Jett, RRL 2601 N. Whittier</b> |   |   | Address   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Premature birth, neonatal death</b>  |  |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b)  |  | DUE TO (c) <b>773.5</b>  |   |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  |   |  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |  |   |  |  |   |   |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY  |   | STATE   |  |
| 21. I attended the deceased from <b>10-9-56</b> to <b>10-9-56</b> and last saw her/him alive on <b>10-9-56</b><br>Death occurred at <b>7:45 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |  |   |   |   |   |  |
| 22a. SIGNATURE<br><b>William H. Sinkler, M. D.</b> (Degree or title)   |  |   |  | 22b. ADDRESS<br><b>2601 N. Whittier</b>  |   |   |   | 22c. DATE SIGNED<br><b>11-15-56</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 23b. DATE<br><b>11-30-56</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>    |   |   |  |
| 24. FUNERAL DIRECTOR<br><b>Rowland - Akew 404 Manchester</b> ADDRESS   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>NOV 29 1956</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith M.D.</b>                       |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00 56 0  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATE OF CALIFORNIA

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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.....

P. O. Address.....

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