

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38437

STATE FILE NUMBER

FILED OCT 28 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2545

Health, & Welfare  
Public  
Service

S. 300  
y. 1-36

All  
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>			Inside Limits Yes* No <input type="checkbox"/>	c. CITY OR TOWN <u>University City 0</u>		Inside Limits Yes* No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co., Hospital</u>				Length of stay in lb <u>3days</u>		d. STREET ADDRESS <u>711 Syracuse</u>	
3. NAME OF DECEASED (Type or print) <u>Horace Monague Coleman</u>				First <u>Horace</u> Middle <u>Monague</u> Last <u>Coleman</u>		4. DATE OF DEATH <u>10 13 1957</u>	
5. SEX <u>M 0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 15, 1875</u>		9. AGE (In years last birthday) <u>82yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Custodian</u>		11. BIRTHPLACE (City and state or country) <u>Manchester, England 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wm. M. Coleman</u>				14. MOTHER'S MAIDEN NAME <u>unt. Green</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>492-10-1302</u>		17. INFORMANT <u>Mrs. Grace Coleman 711 Syracuse</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular thrombosis 33v</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH
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 Hour <u>5:10 A.</u> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <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 <u>St. Louis</u>			STATE <u>Mo</u>
21. I attended the deceased from <u>10-11-1957</u> to <u>10-13-1957</u> and last saw <u>her</u> alive on <u>10-13-1957</u> Death occurred at <u>5:10 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Vincent J. Frederick M.D.</u>				22b. ADDRESS <u>601 S. Brentwood</u>		22c. DATE SIGNED <u>10/14/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 15, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		
24. FUNERAL DIRECTOR <u>Alexander &amp; Sons 6125 Delmar</u>				ADDRESS <u>6125 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>10-15-57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Lombke</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 *Jos. E. McCulloch*

Licensed Embalmer No. *298*

P. O. Address *6175th*

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.