

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030269
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8423

S. 300

1-57

4

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS 5475 Cabanne	
Length of stay in 1b 2059		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK B COLEMAN			4. DATE OF DEATH Month Day Year August 30, 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22nd, 1876
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		9b. KIND OF BUSINESS OR INDUSTRY Law	9. AGE (In years less birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9c. IF UNDER 1 YEAR Months Days 0
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	9d. IF UNDER 24 HRS. Hours Min. 0
11. BIRTHPLACE (City and state or country) Foristel, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel T. Coleman		13b. MOTHER'S MAIDEN NAME Sarah Price	14. NAME OF HUSBAND OR WIFE Irma Hard Coleman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Irma Hard Coleman 5475 Cabanne Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary arterio-sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Spinal cord degeneration due to arterio-sclerosis</i>			19. WAS AUTOPSY PERFORMED? 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.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from <i>1945</i> to <i>8-30-58</i> and last saw him alive on <i>8-29-58</i> Death occurred at <i>3P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>February B. Day</i> (Degree or title) <i>M.D. 0</i>		22b. ADDRESS <i>3720 Washington Ave</i>	22c. DATE SIGNED <i>8-31-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/2/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>C.R. Lupton and Sons 7233 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 2 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</i>

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.