

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1835 STATE FILE NUMBER

**FILED JUL 5 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
14031	
2 2199	
3	
4 1	
5 2	
6	
7 2	
8 2	
94200	
10	
11	
12 86-0	
13	
88	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy, Missouri</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mother Of Good Council</b>		d. STREET ADDRESS (If outside, give location) <b>4324 Laclede Ave.</b>	
3. NAME OF DECEASED (Type or print) <b>Adelaide E. Coleman</b>		4. DATE OF DEATH Month <b>June</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/31/1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse, R. N.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	
13a. FATHER'S NAME <b>Nicholas English</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Fitzgerald</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Miss Emily Coleman, 4234 Laclede Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b> DUE TO (b) <b>Arteriosclerotic Heart Disease years</b> DUE TO (c) <b>Arteriosclerosis - generalized years</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardio spasm 4200</b>			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED 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.)	
21. I attended the deceased from <b>1951</b> to <b>6-7-63</b> and last saw her <sup>her</sup> alive on <b>5-13-63</b> . Death occurred at <b>1<sup>st</sup> pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Samuel J. Decker, M.D.</b>		22b. ADDRESS <b>634 N Grand Ave.</b>	
22c. DATE SIGNED <b>6-8-63</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>		23b. DATE <b>June 10, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arthur J. Donnelly</b>		25. DATE RECD. BY LOCAL REG. <b>6-8-63</b>	
26. ADDRESS <b>3840 Lindell Blvd.</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>	

Dr. Newington  
No. 7th Bldg.  
Tel. 1:30 P.M. Sat.

**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. 4699

P. O. Address 5840 1/2nd St

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.