N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26038

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 7661

City St. Louis (No. 5941 Horton Place St. ..... Ward)

2. FULL NAME Charles Samuel Coleman

(a) Residence. No. ..... St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virginia D. Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14, 1848

7. AGE: Years 79 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Express Business
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): O'Bannon Kentucky

PARENTS
10. NAME OF FATHER: James C. Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Martha Lawless
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dayton Ohio

14. INFORMANT: Mis Virginia D. Coleman
(Address) 5941 Horton ave.

15. FILED AUG 29 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1927, to August 29, 1927, that I last saw him alive on August 16, 1927, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Arterio-Cardio-Sclerosis
(duration) yrs. 4 mos. 6 ds. +

CONTRIBUTORY (SECONDARY): Cardiac Dilatation
(duration) yrs. mos. 1 hour ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Arthur C. Kimball M.D.

Aug. 29, 1927 (Address) 2700 North Grand Boul.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill Cemetery
DATE OF BURIAL: Aug. 30 1927

20. UNDERTAKER: Elmer Shepard
ADDRESS: 5921 Easton

2700 N. Grant
9-10