

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

Do not use this space.

2762

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Mo. (No. Sanitarium) St. 13 Ward

File No. ....  
 Registered No. 337

**2. FULL NAME**

Herbert Coleman  
 (a) Residence No. 4162 Lexington Ave. 13 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 32 yrs. 11 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Separated</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>32</u>	<u>11</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Domster  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Evansville  
 (STATE OR COUNTRY) Indiana

14. INFORMANT W. Sherrill  
 (Address) City San

15. FILED 1920 Max G. Starckoff  
 REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7-1928

17. I HEREBY CERTIFY, That I attended deceased from 10-31-1927 to 1-7-1928  
 that I last saw h. alive on 1-7-1928, and that death occurred, on the date stated above, at 10:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dementia  
93 Paralytica

CONTRIBUTORY (SECONDARY) 70  
 (duration) yrs. 2 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) W. Sherrill, M. D.

1-8-1927 (Address) City San

\*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 St. Peter's Cem. DATE OF BURIAL Jan 12 1928

20. UNDERTAKER W. C. Gordon Und. Co. ADDRESS 2649 Morgan

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.

