DEC 23 1930

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

Do not use this space.

37243

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
Township ~~Central~~ Carondelet — Primary Registration District No. 6248
City ..... (No. N. Woodlawn Ave + Manchester Rd St. ..... Ward)

File No. .....
Registered No. 225

2. FULL NAME Fred Coleman
(a) Residence. No. N. Woodlawn + Manchester Rd St. ..... 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: Emma Coleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29 - 1868

7. AGE: Years 62 — Months 3 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Nicholas Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Catherine Hilgert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Emma Coleman
(Address) N. Woodlawn + Manchester Rd

15. FILED 12/9 1930 C. E. Barnett M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1929, to Nov 8 1930 that I last saw him alive on Nov 7th 1930, 19..., and that death occurred, on the date stated above, at 7:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum
4 [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? microscopic
(Signed) F. O. Dunn, M. D.
Nov 8, 1930 (Address) Valley Park Mo

*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: Sacret Heart Cemetery — DATE OF BURIAL: Nov. 11 1930

20. UNDERTAKER: Louis H. Bopp. — ADDRESS: Kirkwood Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

S. No. 2.