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.

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

Do not use this space.

File No. 39565

Registered No. 11758

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1043

City St. Louis Mo. (No. 4614 Enright Ave. St. ..... Ward)

2. FULL NAME Thomas Coleman Jr.

(a) Residence, No. 4614 Enright Ave. St., 12 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~~: Winifred Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15, 1869.

7. AGE: Years 62 Months 10 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Concrete

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Ill.

FATHER

13. NAME Martin Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Moraine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John Coleman
(ADDRESS) 4614 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 25, 1931

19. UNDERTAKER ..... Funeral Home
(ADDRESS) ..... Blvd.

20. FILED Nov. 24 1931, 19 ..... Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1931, to Nov. 22nd, 1931

I last saw him alive on Nov. 22nd, 1931. Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi-pneumonia	Nov 21.
Asthma	
Chronic Bronchitis	
1056	
1056	
117	

Other contributory causes of importance: Asthma

1056

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) C. B. Bricus Field, M. D.

(Address) 1 Lenox Pl. - St. Louis