

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

Do not use this space.

37603

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 10001
Primary Registration District No. 10001
DePaul Hospital

File No.
Registered No. 10280
St. Ward)

2. FULL NAME Clyde W. Coleman

(a) Residence, No. 4760 Westminister Pl. St. 12 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Margaret E. Coleman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24; 1890		
7. AGE YEARS 42	MONTHS 3	DAYS 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embalmer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaking 174		
10. Date deceased last worked at this occupation (month and year) NOV. 1932		11. Total time (years) spent in this occupation 10
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pana Ill		
13. NAME James Coleman		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
15. MAIDEN NAME Charity Williams		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
17. INFORMANT (ADDRESS) Margaret Coleman 4760 Westminister Pl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Park DATE 11 - 23 32		
19. UNDERTAKER (ADDRESS) Hoppe Und. Serv. 429 N. 2nd St. St. Louis		
20. FILED NOV 21 1932 W. E. J. JAMES Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 21**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 14**, 19**32** to **Nov 21**, 19**32**
I last saw him alive on **Nov 20**, 19**32** Death is said to have occurred on the date stated above, at **1:30a.m.**
The principal cause of death and related causes of importance were as follows:
Septicemia (Staphylococcus)
1943 30/11/32
D. J. Keenan
11/21/32
Other contributory causes of importance:
Injury of left hand when performing post mortem work or three wks ago accident
Name of operation **Incision & drainage** Date **11/21/32**
What test confirmed diagnosis? **Physical & Lab** Was there an autopsy? **no**

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? **St. Louis Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **Injured while holding post**
Nature of injury **Injury of left hand**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **yes**
(Signed) **H. S. Gibbs** M. D.
(Address) **529 E. 24th**

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.

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

