

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis (No. city, Hospital #1)

File No. 21341
Registered No. 5124
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 15309 1/2 St. A St. 6 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. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Coleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 10 22

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

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

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) St. Louis

13. NAME Henry Coleman

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

15. MAIDEN NAME Mary Sanguinatti

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Victor E. Coleman
(ADDRESS) 1005 S. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE June 12 1933

19. UNDERTAKER Arthur J. D. ...
(ADDRESS) 8840 ...

20. FILED WV 1 19 6/27/33
J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1933

22. I HEREBY CERTIFY, That I attended deceased (from _____, 19____, to _____, 19____)

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10⁰⁰ A. m.

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

No pastate Pneumonia
Chronic Myocardite
1860
Other contributory causes of importance:
Fracture of left Femur - Fall
during flight -

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 2 1933

Where did injury occur? 527 So. Olive St. City
(Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury Fracture of left Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Harold J. ...

(Address) Deputy Registrar

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.

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6/27/33

