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.

AUG 26 1933

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

Do not use this space.

File No. 24974
Registered No. 6391

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. 4927, Plover St. ..... Ward)

2. FULL NAME John Coleman

(a) Residence, No. 4927 Plover St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paving Cutter
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) 1927
11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penmaenmawr, North Wales

FATHER
13. NAME Jethero Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER
15. MAIDEN NAME Ann Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT (ADDRESS) Emma Coleman 4927 Plover

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem Cemetery DATE July 24, 1933

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc 1936 St. Louis Avenue

20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933 to July 22, 1933
I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dont know
93C	

Other contributory causes of importance: 93C

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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? ..... (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? no
If so, specify .....
(Signed) R. A. Munown, M. D.
(Address) 5330 Geraldine Av

Dr Mensen
5330 Geraldine

Sunday
9:30 & 10 am

9-10
2-4