

WHITE PRINTED, 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.

MAY 13 1935

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1402p 8 2)

Registration District No. 791
Primary Registration District No. 1003

File No. 11419
3620
Registered No.
St. Ward)

2. FULL NAME

Robert Coleman
(a) Residence, No. 802 N Jefferson Ave Ward. 21
(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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 33

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 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) Ark.

MOTHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Harold Shultz, Dep. Cor. Coroner's Court Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 4/19/35

19. UNDERTAKER (ADDRESS) Wm C. M. & Howell 3500 Franklin Ave

20. FILED APR 22 1935 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/1930

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 8:55 p.m.

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

Hemorrhage abdomen, Ruptured spleen, received when struck by automobile in front of 2313 Delmar Blvd. 9/30/30 (Pedestrian) Accident

Other contributory causes of importance: 1945

Name of operation 7:10 p.m. Date of 4/19/35

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 3/30/1930

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 Struck by auto

Nature of injury Struck by auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Harold Shultz, M. D. (Address) St. Louis

