

FEB 11 1936

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

Do not use this space.

3432

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.....

Township.....

Primary Registration District No. 1093

Registered No. 665

City St. Louis Mo (No.), Sanatogen St. Ward)2. FULL NAME William Coleman(a) Residence, No. 3410 Delmar St. 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Violet Coleman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 18837. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 4 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer10. Date deceased last worked at this occupation (month and year) About 1930 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown17. INFORMANT (ADDRESS) Weyant H. Appel 40 5400 Arsenal18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Plot DATE Jan 15 193619. UNDERTAKER (ADDRESS) Dement - son 2700 Wash St20. FILED JAN 18 1936 Ch. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 193622. I HEREBY CERTIFY That I attended deceased from Jan 7 1936 to Jan 9 1936I last saw h. in alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 5:10 p.m.

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

Carcinoma of Stomach Date of onset 1935+Resenteric T. bronchitis January 1936+Other contributory causes of importance: H/O

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

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Weyant H. Appel M.D.(Address) 5400 Arsenal St.

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.

