JAN 10 1937

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

Do not use this space.
47018

791
1003

File No. 12841
Registered No.

1. PLACE OF DEATH
County
Township
Registration District No.
Primary Registration District No.
City St. Louis, (No. City Hospital No.1 St. Ward)

B. 13811

2. FULL NAME William Coleman

(a) Residence, No. 2621 South 7th St., 2-3 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. 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 NORA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	86	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Tennessee

FATHER
13. NAME Wm Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Piedmont Mo DATE Dec 29, 1936

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 2307 Lafayette

20. FILED DEC 30 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/24/36, 19, to 12/26/36, 19
I last saw him alive on 12/26/36, 19. Death is said to have occurred on the date stated above, at 1.15p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative heart disease	
Pulmonary emphysema	
non-tubercular	

Other contributory causes of importance:
Arteriosclerosis, Kent

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? 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) Wm. S. Friedman, M. D.
(Address) City Hospital No.1

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
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