

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8724
 Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. 2313
 (c) City St. Louis (d) Street No. 2601 N Whittier St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ollie Coleman 455
 (a) Residence, No. 4278 West N Market St. 111 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1882				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	56	2	4	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
	13. NAME Sylvester Carter			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
	15. MAIDEN NAME Margret Bias			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Further Light DATE March 12, 1938				
19. FUNERAL DIRECTOR (ADDRESS) J. W. Harrison 1807 N Harrison				
20. FILED MAR 8 1938 J. D. Budeck				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	March 5, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 , to March 5, 1938	
I last saw him alive on March 5, 1938 . Death is said to have occurred on the date stated above, at 1:35 a.m.	
The principal cause of death and related causes of importance were as follows:	
Hypertensive heart disease	Date of onset 11/1/37
Other contributory causes of importance: 95	
Name of operation	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? If so, specify (Signed) A. S. Lewis , M. D. (Address) 2601 N Whittier	

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2840

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Louis V. Atkins
Licensed Embalmer No. 2840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)