

REC'D APR 11 1938

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

9220

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **De Paul Hospital** Registered No. **2809**
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Benjamin Coleman 455
(a) Residence, No. **Fletcher, Mo** St. **NR** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7, 1870**

7. AGE YEARS **68** MONTHS **0** DAYS **17** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Farm 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) **Fletcher, Mo** (STATE OR COUNTRY) **Washington County**

FATHER 13. NAME **John B. Coleman**

14. BIRTHPLACE (CITY OR TOWN) **French Village** (STATE OR COUNTRY) **Jefferson - Mo.**

MOTHER 15. MAIDEN NAME **Not known**

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

17. INFORMANT **Moses A. Coleman** (ADDRESS) **Fletcher - Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Richwoods - Mo.** DATE **Mar. 26, 1938**

19. FUNERAL DIRECTOR **Mothershead** (ADDRESS) **De Soto - Mo.**

20. FILED **J. P. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-24-1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 18, 1938** to **March 24, 1938**

I last saw him alive on **March 24, 1938**. Death is said to have occurred on the date stated above, at **3:15 a.m.**

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

Chr. Myocarditis Date of onset **1930**
930

Other contributory causes of importance: **acute decompensated heart failure**
Senescent Atherosclerosis

Name of operation Date of

What test confirmed diagnosis? 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 **Chronic Myocarditis** (Signed) **W. J. Chumchal**, M. D.

(Address) **4981 Thrush**

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper

Licensed Embalmer No. 3633

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

L. R. Cooper

Licensed Embalmer No. 3633

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.)