

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20398

Do not use this space.

RECD JUL 12 1938

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1. PLACE OF DEATH

(a) County _____ Registration District No. _____

(b) Township _____ Primary Registration District No. _____

(c) City St. Louis, Missouri (d) Street No. _____ City Sanitarium _____ St. _____

(e) Length of residence in city or town where death occurred About 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gertrude Coleman

(a) Residence, No. 4232 Cook Ave. St. 11 (If nonresident, give city or town and State) 455

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Coleman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 77</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>0</u>
		DAYS <u>8</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Housework</u>
	10. Date deceased last worked at this occupation (month and year) <u>About 1920</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cape Girardeau Missouri</u>	
FATHER	13. NAME	<u>Charles Allen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown Unknown</u>
MOTHER	15. MAIDEN NAME	<u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown Unknown</u>
17. INFORMANT (ADDRESS)	<u>R.J. Mueller, M.D. 5600 Arsenal St</u>	
18. BURIAL, CREMATION, OR REMOVAL	<u>Greenwood Cem. DATE June 20, 1938</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>W.C. Gordon Undertaking 2649 Delmar Blvd.</u>	
20. FILED	<u>JUN 20 1938 J.F. Brudick Local Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-38, 19__

22. I HEREBY CERTIFY, That I attended deceased from 6-13-38, 19__, to 6-16-38, 19__

I last saw h_____ alive on 6-16-, 19__ Death is said to have occurred on the date stated above, at 6:40A.M.

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

Date of onset

Hypertensive Arteriosclerotic Heart Disease with Decompensation 6-11-38x

Other contributory causes of importance:

Arteriosclerosis generalized 6-11-38x

Pulmonary Edema 6-11-38

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? _____

(Signed) R.J. Mueller, M.D.

(Address) 5600 Arsenal St

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

W. C. Gordon

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

W. C. Gordon

Licensed Embalmer No. **3489**

P. O. Address **2649 Delmar Blvd.**

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.)

If this body is not embalmed, above space should be left blank.