DEC'D DEC 12 1938

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

791

37183
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1003

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 9510

(c) City Saint Louis (d) Street No. 3353a Market Street 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Winnie Coolridge

(a) Residence, No. 3353a Market Street St. 18
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1868

7. AGE: YEARS 70 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Unavailable
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Artesia Mississippi 1

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

MOTHER
15. MAIDEN NAME Esther Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable " 9

17. INFORMANT (ADDRESS) Robert Coolridge 3353a Market Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Avenue

20. FILED NOV 1 1938 J F Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1938 to October 28, 1938
I last saw her alive on October 28th, 1938 Death is said to have occurred on the date stated above, at 5:00 m. p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

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Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) Dr Edward Lee, M. D.
(Address) 2901a Laclede Avenue

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

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