

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

17412
Do not use this space.

**791
1008**

4946

DEAD JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Homer Phillips Hospital 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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Coleman

(a) Residence, No. 3051 Thomas St. LI (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
47 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. musician
 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

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER 13. NAME Edward C Coleman

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nelia Major

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

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL PLACE Father Dickson DATE 5/31/39

19. FUNERAL DIRECTOR (NAME) E. L. Garner (ADDRESS) 2829 Washington Ave.

20. FILED MAY 31 1939 J. D. Budach Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939 19... to May 25, 1939, 19...

I last saw h. im alive on May 25, 1939, 19... Death is said to have occurred on the date stated above, at 10:20p.m.

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

Rheumatic heart disease with decompensation

Date of onset

5/24/39

Other contributory causes of importance:

Nephro sclerosis

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 None
 (Signed) H. J. Lyman, M. D.
 (Address) 2609 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur L. Heilliard

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson St*

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.