

K. 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.

JUL 12 1939

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

20168
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. St. Anthony Hosp. Registered No. **5012**
 (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 William D. Coleman

(a) Residence, No. 6602 Southwest Ave. St. **3** (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul. 3, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Piano Tuner
 9. Industry or business in which work was done, as saw mill, bank, etc. own business
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Theodore L. Coleman

14. BIRTHPLACE (CITY OR TOWN) Naples, N. Y. (STATE OR COUNTRY) N. Y.

MOTHER 15. MAIDEN NAME Mary King

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

17. INFORMANT Bernice Strehle (ADDRESS) Tesson Ferry Rd. Affton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE June 5, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED JUN 9 1939 J. D. Bredner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to June 2, 1939. I last saw him alive on June 2, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Streptococcus meningitidis 5/7/39
non epidemic

Other contributory causes of importance:

Name of operation No Date of
 What test confirmed diagnosis? Laboratory 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 Joseph Daxler M. D.
 (Signed) Joseph Daxler
 (Address) 4700 Grandis

Luchlar

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.....

Robert Wheeler

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

working under my personal supervision.

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St. Louis, Mo*

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.