DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36715

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8988

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14das (Specify whether years, months or days)
In this community 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 18
(d) Street No. 3222 Hickory St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oddie Coleman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race C
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 16 (Day) 1909 (Year)
8. AGE: Years 31 yrs. Months 5 Days 0 If less than one day hr. min.
9. Birthplace Miss (City, town, or county) (State or foreign country)
10. Usual occupation Hswk.
11. Industry or business

FATHER
12. Name Fred Randle
13. Birthplace [illegible] (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Margaret Evans
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Florence ? Spotts
(b) Address 2601 N. Whittier
17. (a) (Burial, cremation, or removal) (b) Date thereof 10/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ritter
19. (a) NOV 1 1940 (Date received local registrar) (b) J. F. Brubeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1940 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from September 30, 1940 to October 16, 1940 that I last saw him alive on October 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	About 5 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M.D. or other)
Address 2601 N. Whitter Date signed 10-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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