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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20583

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5395

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. 205 N. Adams NRO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rose Coleman

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel P. 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 10 (Day) 1871 (Year)

8. AGE: Years 70 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Zell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Josephine Schille
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jokeress
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Coleman
(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 30 1941 (Date received local registrar) (b) J. J. Bridgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/27/41 day year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/27/41, 19, to 6/27/41, 19; that I last saw her alive on 6/27/41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma colon	1
Due to	
Due to	
Other conditions: Myocardial infarction (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations —
Of autopsy as above

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 O. D. Falk (M. D. or other) Cpd
Address Humboldt Bldg Date signed 6/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford T. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.