

FILED FEB. 24 1942

State File No.

549

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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 & PHILLIP, 1
(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) 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1532 S. Third St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HATTIE B. COLEMAN

3. (b) If veteran, name war _____ No. _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Weg 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESSE COLEMAN 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased CAN. (Month) 3 (Day) 1914 (Year)

8. AGE: Years 28 Months 12 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace SHAW MISS. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WIFE.

11. Industry or business _____

12. Name GLOVER GANT

13. Birthplace SHAW MISS. 1
(City, town, or county) (State or foreign country)

14. Maiden name ADALIDE RYAN

15. Birthplace Pittsboro N.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Coleman
(b) Address _____

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cemetery

18. (a) Signature of funeral director J. B. Burt
(b) Address 1619 S. 3rd St

19. (a) J. B. Burt (b) J. B. Burt
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis
Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations Pneumonia 73
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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 1/17/42

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

JAN 15 1942

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

Glenn E. Anderson
.....

Licensed Embalmer No. *4141*

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, fact should be so stated above.