S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22689

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6197

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 13 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. 1808 Sarah St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Randal Coleman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race NEGRO
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 Nov. (Month) 25 (Day) 1884 (Year)
8. AGE: Years 57 Months 7 Days 22 If less than one day hr. min.
9. Birthplace Willcock County Ala (City, town, or county) (State or foreign country)
10. Usual occupation Coal miner
11. Industry or business —
MOTHER FATHER
12. Name Robert Coleman
13. Birthplace Ala (City, town, or county) (State or foreign country)
14. Maiden name JENNIE BROWN
15. Birthplace Tex. (City, town, or county) (State or foreign country)
16. (a) Informant George Coleman
(b) Address 1808 N. Sarah St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Metropolitan
(b) Address 3028 Dickson
19. (a) JUL 22 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, year 1942 hour 5 minute 25 P. M.
21. I hereby certify that I attended the deceased from June 21, 1942, to July 17, 1942 that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease with Decompensation	Unknown
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 S. E. Smith (M. D. or other)
Address 3601 Whittier Date signed 7/24/42

744 (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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickso

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.