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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 186

Registration District No. FILED FEB 1 1944 318

Primary Registration District No. 1002

Registrar's No. 766

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: 2936 Laclede Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St Louis 9/8
(If outside city or town limits, write "RURAL")
(d) Street No. 2936 Laclede Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

4. Sex Female
5. Color or race 3 Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse Colman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov (Month) 7 (Day) 1890 (Year)

8. AGE: Years 53 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky (State or foreign country)
10. Usual occupation Minister
11. Industry or business —
FATHER
12. Name George McCade
13. Birthplace Clarksville (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Sallie Blackwell
15. Birthplace Vine Grove (City, town, or county) Ky (State or foreign country)
16. (a) Informant Jesse Colman
(b) Address 2936 Laclede Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JAN 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1944 hour 3 minute a M.
21. I hereby certify that I attended the deceased from 1 — 19 — 1944, to 1 — 23 — 1944
that I last saw her alive on 1 — 22 — 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgatation	5 years
Due to	
Due to	
Other conditions Cardiac Asthma (Include pregnancy within 3 months of death)	7 days

92

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 Dr Edward Bell (M. D. or other)
Address 2901 Laclede Ave Date signed 1-24-44

(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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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

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