

FILED FEB 28 1944 318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7508 A N. BROADWAY 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether)  
In this community 3 YEAR (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROSA COLEMAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER  
6. (b) Name of husband or wife ALMON COLEMAN 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased: APRIL 20 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 24 hr. min.

9. Birthplace CHARKSVILLE TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

MOTHER FATHER { 12. Name JOHN J. MARROW  
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)  
14. Maiden name ELIZA MARROW  
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant Guy Coleman  
(b) Address 7508 N. Broadway  
17. (a) Burial (b) Date thereof Feb. 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ST. JOHNS C.E.M. GRANITARY

18. (a) Signature of funeral director Diedrich F. Hauer  
(b) Address 813 1/2 N. Halls Ferry Rd.  
19. (a) FEB 15 1944 (b) J. F. Bullock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 178 98  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 7508 A N. BROADWAY (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 13  
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944 to Feb 13, 1944  
that I last saw her alive on Feb 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 9-5-40

Due to Arteriosclerosis 9-5-1946

Due to Diabetes Mellitus 9-5-1940

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 61  
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)  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify type of place)

23. Signature Wm. H. Duns (M. D. or other) MD  
Address 380 B. N. Grand Blvd Date signed 2/14/44

**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.....

*Arthur P. Friedrich*

Licensed Embalmer No. ....

*3556*

P. O. Address.....

*St. Louis*

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

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