S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8215

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 426

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17 Lee /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 17 Lee
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY Coleman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. F. Coleman
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec (Month) 16 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	—	hr. min.

9. Birthplace Ellington (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name A. D. Rose
13. Birthplace unknown (City, town, or county) INDIANA / (State or foreign country)
MOTHER
14. Maiden name Mary Hatch Rose
15. Birthplace Ellington (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs R L Meador
(b) Address 17 Lee Clayton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ven Buren Mo
18. (a) Signature of funeral director Howard F Rowland
(b) Address 4355 Washington
19. (a) FEB 19 1944 (Date received local registrar) (b) P. G. McGavran, MD (Registrar's signature) JS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1944 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from Oct 30, 1943 to Feb 16, 1944
that I last saw her alive on Feb 16, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Cancer of right Maxillary Sinus	1 year
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 2
23. Signature Robert L. Meador (M. D. or other) MD
Address Clayton, Mo Date signed 2/16/44

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard D. Rowland

Licensed Embalmer No. 3114

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.