

FILED AUG 14 1944

L1003

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: Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 1826 N. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Festus Coleman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn Marie Frisbie 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 16 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 18 hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Express Man

11. Industry or business _____

12. Name William Coleman
13. Birthplace Dublin Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dougherty
15. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Marie Coleman
(b) Address 1826 N. Grand Blvd.

17. (a) Burial (b) Date thereof 8-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Cullinane Bros.

18. (e) Signature of funeral director _____
(b) Address 1710 N. Grand Blvd.

19. (a) AUG 6 1944 (b) J. F. B. Rebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1944 hour 4 minute 15 p. M.
21. I hereby certify that I attended the deceased from April 10
1944 to Aug 4 1944
that I last saw him alive on Aug 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Diabetes Coma
Diabetes mellitus

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) no
(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 D. A. Thompson (M. D. or other) _____
Address 3121 N. Grand Date signed Aug 4

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

MOTHER, FATHER

844

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 Fred Frick

Licensed Embalmer No. 3186

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.