

FILED SEP 18 1944

1003

7745

Registration District No.

Primary Registration District No.

Registrar's 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:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1.27
(Specify whether years, months or days) 0 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4251 1/2 Norfolk
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country ?

3. (a) PRINT FULL NAME Frank Coleman

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased 4 - 14 - 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Old Mines Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unk
13. Birthplace Unk
(City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Coleman

(b) Address 4251 1/2 Norfolk

17. (a) Burial (b) Date thereof 9-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines Mo

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Potosi Mo

19. (a) SEP 7 1944 (b) J. Broedel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1944 hour 10 minute 00 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral apoplexy

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 3

23. Signature Dr. Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 9-7-44

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

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 G. 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.