S. No. 2
M—8-43
5-17-39
I X37823

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

COLEMAN

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35224

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 2152

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town OVERLAND (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3001 ASHBY Rd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ST LOUIS
(c) City or town OVERLAND (If outside city or town limits, write "RURAL") 96
(d) Street No. 3001 ASHBY (If rural, give location) 13
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country 1

3. (a) PRINT FULL NAME EDITH HESTER Key
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-14-3497
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Floyd L Key
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec (Month) 3 (Day) 1896 (Year)

8. AGE: Years 47 | Months 10 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace CABOOL TEXAS CO. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business AT Home
FATHER
12. Name LORENZO GRAVES FURNISH
13. Birthplace Louisville (City, town, or county) Ky (State or foreign country) 1
MOTHER
14. Maiden name SARAH ELIZ. POWERS
15. Birthplace LEBANON (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Floyd L Key
(b) Address 3001 ASHBY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 20 1944 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL Cem.
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 Woodson Rd Overland
19. (a) OCT 23 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) Omo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1944 hour 11 minute 10 M.
21. I hereby certify that I attended the deceased from Aug. 22nd, 1944, to Oct. 17th, 1944, that I last saw her alive on Oct. 17th, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Disease of Heart valvular	1 yr
Due to Arteriosclerosis	1 yr.
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
23. Signature H. T. Coleman M.D. (M. D. or other)
Address Pattonville Mo Date signed Oct. 20. 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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.