S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4090
Registrar's No. 1236

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Brothers Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Old Mines. N.R.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Narcise J. Coleman

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Coleman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 16, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	21	hr. min.

9. Birthplace Washington County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name Zeno Coleman
13. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Poliete
15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Coleman
(b) Address 8501 Page Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.

18. (a) Signature of funeral director A. H. Hoppe
(b) Address 4700 Washington Av. St. Louis, Mo.

19. (a) FEB 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1945 hour 2 a.m. minute M.

21. I hereby certify that I attended the deceased from Feb 5 1945, to Feb 7 1945 that I last saw him alive on Feb 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension heart disease with myocardial degeneration and congestive type — Duration 5 years

Due to Cardiac failure

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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 [signature] (M. D. or other) [signature]
Address 3118 So. Grand St. Louis Date signed 2-7-45

(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.....

Licensed Embalmer No. 1861

P. O. Address.....

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.