No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11751

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 835

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MO. 1 DA. 20 HRS (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS CO. 96 4

(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 126 E. BODLEY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HAL COLEMAN

3. (b) If veteran, name war

3. (c) Social Security No. 494-05-3789

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ISABELLA

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased DEC. (Month) 24 (Day) 1878 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

9. Birthplace FLORISTELL (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LAWYER

11. Industry or business

FATHER
12. Name DANIEL COLEMAN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name SARAH PRICE
15. Birthplace FLORISTELL (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant ISABELLA COLEMAN

(b) Address 126 E. BODLEY, KIRKWOOD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pfitzinger Funeral Directors Inc.

(b) Address Kirkwood, MO

19. (a) 4-11-47 (Date received local registrar) (b) Cecil G. Shaw MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9
year 1947 hour 12 minute P.M.

21. I hereby certify that I attended the deceased from MARCH 7, 1947 to APRIL 9, 1947; that I last saw him alive on APRIL 9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	35 days
Due to	
Due to	
Other conditions Hypertensive cardio vascular disease (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 R. H. Smith Jr., M.D. (M. D. ~~mother~~)

Address 601 BRENTWOOD BLVD Date signed 4/9/47

(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 William H. Pfitzinger

Licensed Embalmer No. 4316

P. O. Address 12 Winnetka Lane Glendale 22, 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.