S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35610

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9282

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pac. Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 N. 3rd St. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) N.R. 1

If yes, name country

3. (a) PRINT FULL NAME Coleman, Lacy Sanford

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec (Month) 5 (Day) 1882 (Year)

8. AGE: Years 64 Months 9 ~~10~~ Days 26 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Boilermaker

11. Industry or business St. Louis terminal

FATHER
12. Name Eli Coleman O
13. Birthplace Bliss (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country) O

16. (a) Informant J. E. Coleman
(b) Address De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Wave Mo.

18. (a) Signature of funeral director J. E. Mothershead
(b) Address De Soto Mo

19. (a) OCT 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1947 hour 10 minute 52 P.M.

21. I hereby certify that I attended the deceased from Sept 27, 1947, to Oct 3, 1947
that I last saw him alive on Oct 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Kidney Failure	
Due to Myelogenous Leukemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 O

23. Signature Vincent A. Sherrd (M. D.)

Address Mo Ke - Doxf. Date signed 10-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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. 3531

P. O. Address Desoto 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.