1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED MAR 8 1948

Registration District No. 19487 — Primary Registration District No. 6076 — Registrar's No. 584

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)
In this community: 11 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Maplewood, Mo. (If outside city or town limits, write "RURAL") 5
(d) Street No.: 3126 Cherry (If rural, give location) 3
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: COLEMAN, Garrett F.
3. (b) If veteran, name war: SPAN ISH-AMERICAN
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Esther B.
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: May 6, 1872 (Month) (Day) (Year)

8. AGE: Years 75 | Months 9 | Days 25 | If less than one day: - hr. - min.

9. Birthplace: Eastmanville, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation: None CLERK-RETIRED
11. Industry or business: UNION ELECTRIC Co
FATHER
12. Name: Mr. Adelma Coleman
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Adel Van Arsdale
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH Jefferson Barracks, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: LAKE CHARLES CEM.
18. (a) Signature of funeral director: Parker Lund Co
(b) Address: WEBSTER GROVES Mo.
19. (a) 3-3-48 (Date received local registrar) (b) Cecilia Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from February 20, 1948, to March 2, 1948; that I last saw him alive on March 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: MYOCARDIAL FAILURE, [redacted] mm
Contributory cause: HYPERTENSION, CARDIAC HYPERTROPHY NEPHROSCLEROSIS, PAROTITIS, BRONCHOPNEUMONIA

Duration

Other conditions (Include pregnancy within 3 months of death): 13 10

Major findings:
Of operations:
Of autopsy: Autopsy performed (See cause of death)

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): None
(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? (Specify nature of injury) 0

23. Signature: L. E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed 3/2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.