

No. 300
10-47
8-17-39
PI 1906

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20754
5739
Registrar's No.

FILED JUL 3 1948
Registration District No. 818

Primary Registration District No. 1003

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

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: Homer & Philips 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community about 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Peters
(If outside city or town limits, write "RURAL")
(d) Street No. 2924 Lucas
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA COLEMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 24
year 1948 hour 7 minute 50 P.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 21 1879
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____
Coronary Thrombosis

8. AGE: Years 60 Months 11 Days 3
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

10. Usual occupation House Wife

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? _____

11. Industry or business _____
12. Name Jahn Blackston
13. Birthplace Brownville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)

While at work _____ (Specify type of place) Means of injury _____
23. Signature J. F. Bredon (M. D. or other) _____
Address _____ Date signed 6/24/48

16. Informant Edward Coleman
(b) Address 2924 Lucas
17. (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Ed Richardson
(b) Address 2125 Glasgow
19. (a) JUN 26 1948 (b) _____
(Date received local registrar) (Registrar's signature)

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: *P. J. Richards*
Licensed Embalmer No. *2928*
P. O. Address: *City*

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.