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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20756  
Registrar's No. 5419

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3314 S. Grand Blvd.  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 3314 S. Grand Blvd. 9  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3: (a) PRINT FULL NAME Minnie L. Coleman  
3. (b) If veteran, name war --- 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 13 year 1948 hour 1 minute P. M.  
21. I hereby certify that I attended the deceased from 13 June 1948 to 13 June 1948; that I last saw her alive on 6-13-48; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William D. 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Feb. 22 1874 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 8 hrs.  
Due to Hypertension  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 3 Days 21 If less than one day hr. min.

PHYSICIAN  
Major findings: Of operations  
Of autopsy

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Bernhardt Sebastian  
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Linstroth  
15. Birthplace Unknown Louisiana (City, town, or county) (State or foreign country)

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?

16. (a) Informant Bernice Strehle  
(b) Address 9760 Tesson Ferry Rd., Afft

17. (a) Burial (b) Date thereof 6/16/48 (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderle  
(b) Address 3634 Gravois Ave.

23. Signature Joseph Backler (M. D.)  
Address 4914 Gravois Date signed 6/14/48

19. (a) J. F. Bruesch (b) J. F. Bruesch (Registrar's signature)

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

MOTHER FATHER

JUN 28 1948

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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 Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address Maumee

**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.**