

300  
10-47  
7-39  
3906

FILED OCT 30 1948  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9115

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution 811 1/2 N 20th St ?  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME NETTIE B. COLEMAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE Color COL

5. Color of race \_\_\_\_\_

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

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov 10 1911  
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ARK. I  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name JULIUS HOBBS

13. Birthplace ARK. I  
(City, town, or county) (State or foreign country)

14. Maiden name BETTA

15. Birthplace ARK. I  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN COLEMAN

(b) Address 811 1/2 N 20th St 48

17. (a) Burial (b) Date thereof Oct 25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. L. Green

(b) Address 4214 DELMAR Blvd

19. (a) OCT 21 1948 (Date received local registrar)  
J. B. Stader (Registrar's signature)

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

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

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

(d) Street No. 811 1/2 N 20th St 13  
21 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1948 hour \_\_\_\_\_ minute 4 M.

21. I hereby certify that I attended the deceased from SEPT.  
1947 to OCT. 19, 1948  
that I last saw h. ER live on OCT 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Cardiac Failure

Due to Chronic Heart Disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Clouis H. Beane (M. D. or other)  
Address 219 N. Jefferson Ave Date signed 10/20/48

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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.....  
*F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar B*

**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..**