

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 2563
Registrar's No. 126

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 2563		Registrar's No. 126					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. St. Louis <u>1012 1/2 N. JEFFERSON</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1012 1/2 N. Jefferson</u>							
3. NAME OF DECEASED a. (First) <u>John</u>			b. (Middle) _____			c. (Last) <u>Coleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1949</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COL</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug 6, 1855</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>				11. BIRTHPLACE (State or foreign country) <u>MISS</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>John Coleman</u>				13b. MOTHER'S MAIDEN NAME <u>FANNIE ?</u>				14. NAME OF HUSBAND OR WIFE <u>Anna Coleman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>REBECCA</u> ADDRESS <u>1012 1/2 Jefferson</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>											
		DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>12/10/48</u>											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>12/10/48</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____								
22. I hereby certify that I attended the deceased from <u>Dec 24</u> , 19 <u>48</u> , to <u>Jan 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>49</u> , and that death occurred at <u>4:35 P.M.</u> from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>D E Moore M.D.</u>				23b. ADDRESS <u>809 N. Jefferson</u>				23c. DATE SIGNED <u>1-5-1949</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>1-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON CEM</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. A. GREEN 4214 DELMAR</u>							

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

JUN 8 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed F. A. Green

Signed _____
Student Embalmer

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.