

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1949

State File No. 22111

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1423

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>oac</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u> <u>0</u>			d. STREET ADDRESS (If rural, give location) <u>3623 St. Louis Avenue</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Coleman</u>		b. (Middle) <u>HOOD</u>	c. (Last) <u>HOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1949</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>Feb. 15, 1903</u> <u>16</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Muskogee, Oklahoma</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Rufus Hood</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Tubb</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Marie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>World-War II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>	ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RIGHT CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>4201</u> <u>94a</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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>June 6, 1949</u> , to <u>June 14, 1949</u> , that I last saw the deceased alive on <u>June 14, 1949</u> , and that death occurred at <u>2:18 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>Chf. Prof. Services</u>			23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>6/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, 23, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-49</u>	REGISTRAR'S SIGNATURE <u>Shirley L. Lunge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Hoffmeister</u> U.&L. Co. <u>St. Louis, Mo.</u>			

SEP 7 1949

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.

Student

Student Embalmer

Signed

Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address

7844 S Broadway

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.