

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

34682

State File No. _____

No. 300
10. 48BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8268

1. PLACE OF DEATH a. COUNTY <u>None</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Wood River Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1727 Rodgers Ave,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ludmilla</u>		b. (Middle) <u>Elizabeth</u>	
		c. (Last) <u>Coleman</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov. 8, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Austria-Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hanei</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Coleman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-30-8109</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Miller</u>		17. ADDRESS <u>Rodgers Ave. Alton, Illinois</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>Carcinoma of vulva with metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Leukoplakia of vulva</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>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>		<u>16 years</u>	
19a. DATE OF OPERATION <u>May, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Vulva</u>	
20. AUTOPSY? YES <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>176X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 22</u> , 19 <u>50</u> , to <u>Sept. 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 29</u> , 19 <u>50</u> , and that death occurred at <u>7:58P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Eugene T. Standley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital, St. Louis</u>	
23c. DATE SIGNED <u>9-29-50</u>			
24a. BURLINGREME-TION (City, town, or county)		24b. DATE <u>Oct. 2, 1950</u>	
24c. NAME OF CEMETERY OR GREGATORY <u>St. Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>Alton Illinois</u>	
DATE REC'D BY LOCAL REG. <u>OCT 1 1950</u>		REGISTRAR'S SIGNATURE <u>Robert H. Streaper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Streaper</u>		ADDRESS <u>Alton, Ill.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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~~.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert H. Streaper.

Signed.....
Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Altam, Ill.*

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.