

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34684

State File No. 8525
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY St. Clair	
c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Brooklyn	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 306 Washington	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) WILLIAM	b. (Middle)	c. (Last) COLEY SR	(Month) Oct.	(Day) 5,	(Year) 1950			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH Jan. 1, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Fertilizer Plant	11. BIRTHPLACE (State or foreign country) Prayer County, Ark. /		12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Kalar Coley	13b. MOTHER'S MAIDEN NAME Heater Lewis	14. NAME OF HUSBAND OR WIFE Lizzie Coley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Lizzie Coley	ADDRESS P.O. Lovejoy, Ill.
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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>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIGH</u>

22. I hereby certify that I attended the deceased from Sept. 29, 1950, to Oct. 5, 1950, that I last saw the deceased alive on Oct. 5, 1950, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Keane Killian, M.D.</u>	(Degree or title)	23b. ADDRESS <u>501 Madison Lovejoy, Ill.</u>	23c. DATE SIGNED <u>Oct. 7, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>Oct. 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>East St. Louis Ill.</u>

DATE REC'D BY LOCAL REG. OFF. <u>OCT 9 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Marshall</u>	ADDRESS <u>East St. Louis, Ill.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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, ~~XXX~~.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Thomas M. Nelson

Licensed Embalmer No. 4479.....

P. O. Address St. Louis, Mo......

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.