

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43182BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2967

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Meramec Twshp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Meramec Twshp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wildhorse Creek Rd.</u> | | d. STREET ADDRESS (If rural, give location) <u>Wildhorse Creek Rd.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harris</u> b. (Middle) _____ c. (Last) <u>Coleman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9, 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 9, 1888</u> |
| 9. AGE (In years last birthday) <u>62</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>R. G. Coleman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Coleman</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary E. Coleman</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary E. Coleman</u> ADDRESS <u>Mo. Chesterfield</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>Chronic myocarditis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 year</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> | | | |
| DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | <u>4/30/1</u> |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4201</u> | |
| 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>10-31</u> , 19 <u>50</u> , to <u>12-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>50</u> , and that death occurred at <u>2:20A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | 23b. ADDRESS <u>[Signature]</u> | |
| 23c. DATE SIGNED <u>12-7-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-11-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>TYLER CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12/11/50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Theo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No.

3066

P. O. Address

Dallwin, W.

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.