No. 300
10.48

4004

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6955

State File No.

FILED FEB 23 1951

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 413

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7740 Rannells Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood 4524
d. STREET ADDRESS (If rural, give location) 7740 Rannells Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Esther b. (Middle) Anna c. (Last) Coleman

4. DATE OF DEATH (Month) (Day) (Year) 2-10-51

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-7-1888

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 7 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Victoria, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles White

13b. MOTHER'S MAIDEN NAME Josephine Jameson

14. NAME OF HUSBAND OR WIFE John D. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME John D. Coleman, above. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Cardiomyopathy — 5 yrs.

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 442X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/5/51, 19__, *to* 2/10/51, 19__, *that I last saw the deceased alive on* 2/9/51, 19__, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Freeman (Degree or title) M.D.

23b. ADDRESS 2901 Big Bend Blvd.

23c. DATE SIGNED 2/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-13-'51

24c. NAME OF CEMETERY OR CREMATORY DeSoto Cemetery

24d. LOCATION (City, town, or county) DeSoto, Mo. (State)

DATE REC'D BY LOCAL REG. 2/12/51

REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith, Maplewood 17, Mo. ADDRESS

(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 H E Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.