

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14965

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1048

1. PLACE OF DEATH a. CITY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON City</u>	
c. LENGTH OF STAY (in this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7524 Cromwell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXX 7524 Cromwell</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Theodore</u>	b. (Middle) <u>LeRoy</u>	c. (Last) <u>Coleman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1951</u>
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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>5/31/1888</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 1 HR. Hours <u>17</u>	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shaw Francis</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Theodore Coleman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary King</u>	14. NAME OF HUSBAND OR WIFE <u>Arabella Geel Coleman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-10-2140</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy K. Coleman, 7524 Cromwell Dr.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Indef. E</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</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. <u>Renal Calculi</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>St. Louis MO MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 Oct. 7, 1950, to 4/18/51, 1951, that I last saw the deceased alive on 4/18/51, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gray U. Jaeger</u> (Degree or title) _____	23b. ADDRESS <u>M. D. 426 N. Taylor Ave</u>	23c. DATE SIGNED <u>4/18/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>4/20/51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donike</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster, Inc.</u>	ADDRESS <u>St Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Roy K. Coleman, 7524 Cromwell Dr. 464 No. Taylor Ave.

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 _____



Licensed Embalmer No. 1994

P. O. Address _____

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.