

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17931

318

1003

Registrar's No. 1949

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1949	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS</u>		a. STATE <u>MO</u>		b. COUNTY <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		d. STREET ADDRESS <u>#3 GLOCCA MORRA</u>		OR TOWN <u>14402 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RALPH</u>		b. (Middle) <u>WALTER</u>		c. (Last) <u>COLDEWE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 30, 1911</u>		9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESIDENT</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>LOOSELEAF DEVICES</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>WILLIAM COLDEWE</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA CAFFELL</u>		14. NAME OF HUSBAND OR WIFE <u>ANN CAMPBELL COLDEWE</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>494-07-3818</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Coldewe</u> ADDRESS <u>St Louis Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES <u>Sclerosis of Coronary arteries</u>				<u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				<u>?</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <u>Bronchitis pneumonia</u>				<u>1 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Coronary thrombosis - pneumonia</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)		21f. HOW DID INJURY OCCUR? <u>H201</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"/>					
22. I hereby certify that I attended the deceased from <u>1944</u> to <u>May 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 26</u> , 19 <u>51</u> and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. W. Jones</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>5-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie L. Barnes</u> ADDRESS <u>Ed. Hamilton</u>			

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

JUN 25 1951

DEC 12 1951

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.

Signed

Philip J. Gaden

Signed.....
Student Embalmer

Licensed Embalmer No. *7091*

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.