

FILED JUN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17934
Registrar's No. 4454

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 4577		d. STREET ADDRESS (If rural, give location) 1409 Ronald Dr. /
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			4. DATE OF DEATH (Month) (Day) (Year) May 9 1951		
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) E. c. (Last) COLEMAN			5. SEX Male 0		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH July 22, 1886		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Salvage		10b. KIND OF BUSINESS OR INDUSTRY Dep't. - Anheuser-Busch		11. BIRTHPLACE (State or foreign country) Longview, Texas /	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Paul E. Coleman		13b. MOTHER'S MAIDEN NAME Lenora Unknown	14. NAME OF HUSBAND OR WIFE Marie Coleman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-07-9714	17. INFORMANT'S SIGNATURE OR NAME Marie Coleman 1409 Ronald Dr.		
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) acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis; DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. HOW DID INJURY OCCUR? H201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-9, 1951, to 5-9, 1951, that I last saw the deceased alive on 5-9, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE A. R. Juskeford (Degree or title)			23b. ADDRESS 3604 Washington		23c. DATE SIGNED 5-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial /		24b. DATE May 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. MAY 11 1951		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

3634 Washington
1-30-2

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 Richard W. Stoverson

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.