

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38850**  
Registrar's No. **10969**

FILED DEC 15 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

|   |                               |  |   |   |   |   |  |   |  |
|---|-------------------------------|--|---|---|---|---|--|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>10969</b>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____  |   |   |  |   |  |
| b. CITY OR TOWN <b>St. Louis</b>  |                               | c. LENGTH OF STAY (in this place) <b>60</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |   | <b>2119</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>  |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>1008 North Newstead</b>  |   |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>James</b>   |                               |  | a. (First)                                    | b. (Middle)   | c. (Last) <b>Coleman</b>  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <b>Dec. 7, 1951</b>                        |  |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                  |   | 8. DATE OF BIRTH <b>Jan. 19, 1867</b>   |   | 9. AGE (In years last birthday) <b>84</b>   | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>18</b> |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <b>Business Executive</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe</b>  |   | 11. BIRTHPLACE (State or foreign country) <b>Columbia, S. C.</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |   |  |
| 13a. FATHER'S NAME <b>Christopher Coleman</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Caroline (?)</b> |   |   | 14. NAME OF HUSBAND OR WIFE <b>Fannie Coleman</b>                                   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                               |  | 16. SOCIAL SECURITY NO. _____                 |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Fannie Coleman</b> ADDRESS <b>1008 N. Newstead</b> |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Undetermined</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b> |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |   |   |   | 20. AUTOPSY?<br>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. 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? <b>443X</b>  |   |   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>11-13</b> , 1951, to <b>12-7</b> , 1951, that I last saw the deceased alive on <b>12-7</b> , 1951, and that death occurred at <b>11:15pm.</b> , from the causes and on the date stated above. |                               |  |   |   |   |   |  |   |  |
| 23a. SIGNATURE <b>Larissa Wharris</b> (Degree or title) <b>M. D.</b>  |                               |  |   | 23b. ADDRESS <b>2601 N Whittier St.</b>   |   | 23c. DATE SIGNED <b>12-10-51</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>12/12/51</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>             |  |   |  |
| DATE REC'D BY LOCAL REG. <b>DEC 11 1951</b>   |                               | REGISTRAR'S SIGNATURE <b>Earl Smith</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GATES FUNERAL HOME Charles J. Gates, 4107 Finney</b>  |   |   |  |   |  |

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

**STATEMENT BY LICENSED EMBALMER**

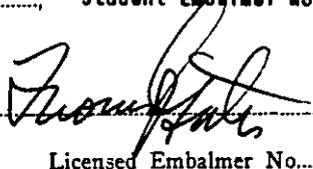
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.