

STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 4152

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>363</u>		Registrar's No. <u>4152</u>			
1. PLACE OF DEATH a. COUNTY <u>St. 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 Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Kirkwood</u>		<u>4723</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>248 Attuck Ave</u>				/	
3. NAME OF DECEASED (Type of Print) a. (First) <u>Theodore</u>		b. (Middle) _____		c. (Last) <u>Coleman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 27, 1908</u>			
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Thomasville / Ga.</u>			
11. BIRTHPLACE (State or foreign country) <u>Thomasville / Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James E. Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Creasy Smith</u>			
14. NAME OF HUSBAND OR WIFE _____		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Coleman</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>John Coleman</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Coleman</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Coleman</u>		ADDRESS <u>248 Attuck Ave.</u>			
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) <u>septic arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>paraplegia</u>							
		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 _____				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) <u>352 X</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>2-2-51</u> 19 <u>51</u> , to <u>12-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-29</u> , 19 <u>51</u> , and that death occurred at <u>4:50</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>William J. Hauptmann, M.D.</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-31-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donohue</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Memphis</u>		ADDRESS <u>Hempfills Funeral Home 408 S. Fillmore</u>			

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

4322
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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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4441

P. O. Address 408 S. Fillmore

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.