

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11034

State File No.

FILED APR 11 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 896

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

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood, Mo.</u>		c. LENGTH OF STAY (in this place) <u>16 Mo.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appton</u>		481	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Home</u>		d. STREET ADDRESS (If rural, give location) <u>9211 Pavia</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William J.</u> b. (Middle) <u>Coleman</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25, 1869</u>
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas F. Coleman</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Fahey</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Coleman</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>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thos. F. Coleman</u>		ADDRESS <u>9211 Pavia Appton 23, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chr. with myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis general</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/2/52</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 months estimated 15 years</u>	
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. 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 <u>Dec 4</u> 19 <u>50</u> , to <u>Apr. 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr. 1, 1952</u> , and that death occurred at <u>905P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Zockelman M.D.</u>		23b. ADDRESS <u>2615 Brentwood Blvd</u>	23c. DATE SIGNED <u>Apr. 4, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand St. Louis, Mo.</u>	

Sw (Licensed Embalmer's Statement on Reverse Side)

137
/36

DR. CLIFFORD BOCKELMAN
2615 BRENTWOOD
RE. 1907

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 David Van Tolman

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.