No. 300
10.48

FILED MAY 1 - 1952

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

State File No. 14146

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3806

3

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 4624 Westminister Place., 6 12

**3. NAME OF DECEASED** (Type or Print)
a. (First) Margaret
b. (Middle) Jane
c. (Last) Coleman

**4. DATE OF DEATH** (Month) (Day) (Year) April 18, 1952

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** March 14 1882
**9. AGE** (In years last birthday) 70 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY** At Home
**11. BIRTHPLACE** (State or foreign country) Fort Worth, Texas
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Lyle Thomas Mitchell
**13b. MOTHER'S MAIDEN NAME** Elizabeth Wright
**14. NAME OF HUSBAND OR WIFE** David Coleman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Jack Coleman, 4624 Westminister Pl. — ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION** — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pulmonary Oedema
DUE TO (c) and congestion

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac hypertrophy
Whether caused by fall from ladder where she was found by her son when he came home on April 18, 1952, could not be determined. OPEN VERDICT

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4-3 4-3 F

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5 45 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Patrick E. Taylor (Degree or title) 3
**23b. ADDRESS** 1300 Clark Av
**23c. DATE SIGNED** 4/22/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 4-22-52
**24c. NAME OF CEMETERY OR CREMATORY** Valhalla Cemetery
**24d. LOCATION** (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. APR 22 1952
REGISTRAR'S SIGNATURE J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe — ADDRESS 4700 Washington Blvd
MJB (Licensed Embalmer's Statement on Reverse Side)

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

Affidavit by Coroner - 5-9-52

## 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 Robert M. Murray

Licensed Embalmer No. 3749

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 14146 5-2
Local Registrar's No. 3806

3806

On this 9th day of May, 1952, before me appears Patrick E. Taylor, who, upon his oath, states that the original record of ~~birth~~ death for Jannie Coleman died ~~born~~ April 18th, 1952, in the State of Missouri, and which was filed at St. Louis on Apr. 18, 1952, should be corrected as follows:

Item No. 1 should read Pulmonary oedema and congestion.
Instead of

Item No. 2 should read Cardiac hypertrophy
Instead of

Item No. 3 should read Whether caused by fall from ladder where
Instead of she was found by her son when he came
Item No. should read home on April 18, 1952, could not be
Instead of determined. OPEN VERDICT

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Patrick E. Taylor
Relationship.

1300 Clark
Present Address.

Subscribed and sworn to before me this 12 day of May, 1952

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
I—8-43
I X37817