S. No. 300
Rev. 10.48

MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17859

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4041

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St Louis~~ 4270
d. STREET ADDRESS (If rural, give location) 8501 Page Blvd

3. NAME OF DECEASED (Type or Print)
a. (First) Cyprian
b. (Middle) William
c. (Last) Coleman

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2-6-1889
9. AGE (In years last birthday) 63 — If under 1 year: Months 2, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (City and State or Foreign Country) Old Mines, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Coleman
13b. MOTHER'S MAIDEN NAME Mary DeGonia
14. NAME OF HUSBAND OR WIFE Mary T. Coleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary T. Coleman — ADDRESS St Louis, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat stroke, 2° and 3° burns of 80% of body, suffered when

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) exploded in incubator room at Kaguar Electric Co 6400

DUE TO (c) Plymouth expressway about

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing it.* 85 hrs Apr 29 1952 off 3:30 P.M. April 18

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

19. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory
21c. (CITY, TOWN, OR TOWNSHIP) St Louis Mo (COUNTY) (STATE)
21d. TIME OF INJURY (Month) Apr (Day) 29 (Year) 52 (Hour) 8 A.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? E 9173-5

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* 700A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Zumbo Deputy Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-1-1952
24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery
24d. LOCATION (City, town, or county) (State) Old Mines, Missouri

DATE REC'D BY LOCAL REGISTRAR APR 30 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE SMITH & HIGGINBOTHAM, FH, POTOSI, MO — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Howard C Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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 ..... } ss.
County of ..... }

State File No. 17859
Local Registrar's No. 4041

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Cyprian Willaim Coleman, died/bo~~xx~~ 4-29-1952, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 18 II should read ABout 3:30PM April 18 1952
Instead of April 29-1952

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

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~~ [signature] ~~Relationship~~

1300 Clark Ave
Present Address.

Subscribed and sworn to before me this 6 day of March, 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.

orm V. S. 135
50M—8-43
I X37817

21 c