

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25666

LEW AUG 6 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7052

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>4920</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>AFFTON</u>	
c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>8912 GENERAL GRANT LANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST ANTHONY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) <u>EARK</u>	a. (First) <u>J.</u>	b. (Middle) <u>COLEMAN</u>	c. (Last) <u>COLEMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Indicate)	8. DATE OF BIRTH <u>SEPT 25 1902</u>	9. AGE (In years last birthday) <u>49</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CENTRAL COMMERCE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN L. COLEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY POLITTE</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAM COLEMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LILLIAM COLEMAN</u> ADDRESS <u>8912 GENERAL GRANT LANE</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>about 6 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rt. lung & metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>May 15, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt. lung & metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>163X</u>
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22. I hereby certify that I attended the deceased from 4/1, 1952, to 7/21, 1952, that I last saw the deceased alive on 7/21, 1952, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Wofawa M.D.</u>	23b. ADDRESS <u>3804 Wilmington br</u>	23c. DATE SIGNED <u>7/22/52</u>
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24a. FUNERAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JULY 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>JUL 22 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> ADDRESS <u>2906 Bross</u>
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S.O. (Licensed Embalmer's Statement on Reverse Side)

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

D/R Wataura
3804 Wilmington
N 072240
1 to 3 PM Tuesday

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 James E. Hill

Licensed Embalmer No. 43474

P. O. Address 2906 Evans

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.