

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43346**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11450**

FILED JAN 10 1953

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY OR TOWN St. Louis Mo. | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 802 N. Jefferson | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1952 | |
| 3. NAME OF DECEASED (Type or Print) Connie Coleman | | 5. (First) (Middle) (Last) 092 (Last) | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH Dec. 11, 1902 | | 9. AGE (In years last birthday) Months Days 49 | |
| 10a. USUAL OCCUPATION (City kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) State of Miss | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 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) NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Zelma McQuay | | ADDRESS 587 Wells | |
| 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) Acute Pneumonia ANTECEDENT CAUSES right middle lobe DUE TO (b) right middle lobe DUE TO (c) right middle lobe II. OTHER SIGNIFICANT CONDITIONS Coronary Artery 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 checked="" type="checkbox"/> NO <input 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? 490X | | | |
| 22. I hereby certify that I attended the deceased from <u>1952</u> , to <u>1952</u> , that I last saw the deceased alive on <u>1952</u> , and that death occurred at <u>7:25 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Patrick E. Taylor | | 23b. ADDRESS 1900 Clark | |
| 23c. DATE SIGNED 12.12.52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec. 12, 52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo | |
| DATE REC'D BY LOCAL REG. DEC 12 1952 | | REGISTRAR'S SIGNATURE J. C. MOSE | |
| 25. FUNERAL DIRECTOR'S SIGNATURE M. MOSE | | ADDRESS VASSER 2812 Cass | |

mjb (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 F. Rowland

Licensed Embalmer No. 3114

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.