

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2958

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 37

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4147 ST. LOUIS, 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE DE PAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) 10 4147 LEE AVE					
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) JOSEPHINE		c. (Last) COLEMAN			
4. DATE OF DEATH (Month) (Day) (Year) JAN, 1, 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 5/9/1893		9. AGE (In years last birthday) 59			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN JOSEPH ERDELEN		13b. MOTHER'S MAIDEN NAME MARY O'MALLEY			
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. NONE			
17. INFORMANT'S SIGNATURE OR NAME MARIE TACKABERRY		ADDRESS 4147 LEE AVE					
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) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Hypertension</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 5 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input 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?		22. I hereby certify that I attended the deceased from <i>Jan 4 1953</i> to <i>Jan 1 1953</i> , that I last saw the deceased alive on <i>Jan 1, 1953</i> , and that death occurred at <i>817</i> km., from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) <i>[Signature]</i>		23b. ADDRESS (Degree or title) <i>7216 Nat Bridge</i>		23c. DATE SIGNED <i>1-2-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/5/53		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			
DATE REC'D BY LOCAL REG. IAN 3 1953		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>					

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 Albert Mayfield

Licensed Embalmer No. 3077

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.

