

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45244

State File No. \_\_\_\_\_

FILED JAN 26 1954

318

PRIMARY-REG. DIST. NO. 1003 Registrar's No. 11776

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY-REG. DIST. NO. 1003		Registrar's No. 11776			
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 town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4222 West N. Market					
3. NAME OF DECEASED a. (First) Abner		b. (Middle) D.		c. (Last) Coleman		4. DATE OF DEATH (Month) (Day) (Year) 12 10 1953			
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 8, 1907			
9. AGE (In years has birthday) 46		10. MONTHS 5		11. DAYS 1		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Boy		10b. KIND OF BUSINESS OR INDUSTRY LaClede Hotel		11. BIRTHPLACE (City and State or Foreign Country) Beekman, Louisiana /		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Nicodemus Coleman		13b. MOTHER'S MAIDEN NAME Ellen Cotton		14. NAME OF HUSBAND OR WIFE Rosie Coleman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W. #2 495-16-3940		17. INFORMANT'S SIGNATURE OR NAME (Mrs) Rosie Coleman		ADDRESS 4222 W. N. Market			
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 Hepatitis.				INTERVAL BETWEEN ONSET AND DEATH	
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 _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		092X			
22. I hereby certify that I attended the deceased from Sept 2, 1953, to Dec 10, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 11A m., from the causes and on the date stated above.									
23a. SIGNATURE J. B. Howell (Degree or title)				23b. ADDRESS 2402 LaClede		23c. DATE SIGNED 12-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 14 1953 J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE People's Und. Co., 3100 Franklin		ADDRESS _____					

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

Unknown infectious type

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 H. Claude Gordon

Licensed Embalmer No. 31489

P. O. Address 4575 Alpine

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.