No. 300
10-48

STANDARD CERTIFICATE OF DEATH

State File No. 38632

BIRTH FILED NOV 22 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9998

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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5922 Nagel Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 2 5922 Nagel Ave. 200 0

3. NAME OF DECEASED (Type or Print): a. (First) LYNN b. (Middle) c. (Last) COLEMAN
4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1895
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Paul Bruckner R.Co.
11. BIRTHPLACE (City and State or Foreign Country): Findley, Ohio
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Stephen Coleman
13b. MOTHER'S MAIDEN NAME: Josephine Fischer
14. NAME OF HUSBAND OR WIFE: Gertrude M.
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: Gertrude M. Coleman ADDRESS: 5922 Nagel Ave.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung. — INTERVAL BETWEEN ONSET AND DEATH: 3 months

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: 8-20-54
19b. MAJOR FINDINGS OF OPERATION: Biopsy of Bronchus (Adeno Carcinoma of Lung).
20. AUTOPSY? YES ☐ NO ☑
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 163X

22. *I hereby certify that I attended the deceased from* 2-23-, 1952, *to* 11-3-, 1954, *that I last saw the deceased alive on* 11-2-, 1954, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Louis J. Gabler (Degree or title) M.D.
23b. ADDRESS: 3720 Washington St. Louis Mo.
23c. DATE SIGNED: 11-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 11-3-54
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rochelle, Illinois

DATE REC'D BY LOCAL REG. NOV 4 1954
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S Kingshighway Bl.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard W. Stoman

Licensed Embalmer No. 400

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.