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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1955

State File No. 16543
4344
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

| | | | |
|---|---------------------------|---|--|
| 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 OR TOWN) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 29 yrs | | d. STREET ADDRESS (If rural, give location) 11 1424 Hills Terrace | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3900 W Belle Pl. | | 2170 | |
| 3. NAME OF DECEASED a. (First) Jessie (Type or Print) | | b. (Middle) Orlando c. (Last) Coleman | |
| 4. DATE OF DEATH 5 14 55 | | 4. DATE (Month) (Day) (Year) | |
| 5. SEX M | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 11/24/25 |
| 9. AGE (In years last birthday) 29 yrs | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY none | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME George Coleman | | 13b. MOTHER'S MAIDEN NAME Anniebelle Pittman | 14. NAME OF HUSBAND OR WIFE never married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.S. Navy | | 16. SOCIAL SECURITY NO. 494-24-5843 | 17. INFORMANT'S SIGNATURE OR NAME George Coleman |
| 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. | | 17. ADDRESS 1424 Hills Terrace | |

MEDICAL CERTIFICATION

| | | |
|---|--|----------------------------------|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dislocation 1st Cervical Vertebrae on the 2nd Cervical | | 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) Vertebrae, suffered when deceased had aged self in room DUE TO (c) of test End State at 3900 West Belle exact time unknown | | |
| 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 on May 14 1955 Suicide | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Hotel | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo |
| 21d. TIME OF INJURY May 14 5:30 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E974X |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:17 p.m., from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE Carl Smith | 23b. ADDRESS 1300 class | 23c. DATE SIGNED 5/17/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/20/55 | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery |
| 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo. | 25. FUNERAL DIRECTOR'S SIGNATURE Grant Johnson | |
| DATE REC'D BY LOCAL REG. MAY 17 1955 | REGISTRAR'S SIGNATURE Carl Smith | ADDRESS 1352 Wash. Blvd |

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

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Green.....

Licensed Embalmer No. 2963.....

P. O. Address 4214 Selman.....

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.