

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 24695

FILED AUG 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1766

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>DOA.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>5317 NORTH LAND</u>		

3. NAME OF DECEASED (Type or Print) <u>COLEMAN</u>			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 55</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-1-1904</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours		IF UNDER 15 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			11. BIRTHPLACE (State or foreign country) <u>CLOVERHILL, MISS.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>TONY SMALL</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA FORD</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE SMALL</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>425-38-967</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Small, Sured. Inc.</u>		ADDRESS <u>Sured. Inc.</u>	
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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.			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown causes</u>			DUE TO (b) _____						
ANTECEDENT CAUSES			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 checked="" type="checkbox"/>		
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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)	
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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?	
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Bomke, M.D., Local Registrar</u>			23b. ADDRESS <u>651 S. Brentwood Blvd.</u>			23c. DATE SIGNED <u>8-9-55</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>	
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DATE REC'D BY LOCAL REG. <u>8/1/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Bomke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCLAIN'S FUNERAL HOME</u>		ADDRESS <u>1706 N SARAH ST</u>	
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**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 Leroy U. Paninis

Licensed Embalmer No. 45-23

P. O. Address. 3880 Easton

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.