Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-030270

FILED SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8639

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital — Length of stay in 1b: 0 2 59
d. STREET ADDRESS (If outside, give location): 6263 Delmar Blvd. — Reside on Farm Yes ☐ No X

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐

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**3. NAME OF DECEASED** (Type or print): First WALTER — Middle D — Last COLEMAN

**4. DATE OF DEATH** Month Sept. Day 6, Year 1958

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** Sept. 24, 1900

**9. AGE** (In years last birthday) 57 — 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): Salesman

**10b. KIND OF BUSINESS OR INDUSTRY**: Furniture

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME** Solomon Coleman

**14. MOTHER'S MAIDEN NAME** Hulda Aronson

**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.** Unk.

**17. INFORMANT** Address: Mrs. W.D.Coleman-6263 Delmar Blvd.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis. — 5 yrs.
DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus

**19. WAS AUTOPSY PERFORMED?** YES ☑ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Aug 53, to 9/6/58 and last saw her/him alive on 9/6/58. Death occurred at 1055 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Harold Franklin M.D. (Degree or title)

**22b. ADDRESS** 161 Hampton Village

**22c. DATE SIGNED** 9/6/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE** 9/8/58

**23c. NAME OF CEMETERY OR CREMATORY**: Mt. Olive Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Herman Rindskopf, Inc. 5216 Delmar

**25. DATE RECD. BY LOCAL REG.** SEP 8 '58

**26. REGISTRAR'S SIGNATURE** Carl Smith MD

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 36

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.