

INDEXED

1. PLACE OF DEATH a. COUNTY City of St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		Length of stay in 1b 42 yrs.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Emp. Hosp. Assn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 4621 Kossuth Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last William R. Coleman			4. DATE OF DEATH Month Day Year 8 14 1960		
5. SEX Male	6. COLOR OR RACE (c)	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-17-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days 11 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Porter		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Oxford, Ohio	
13a. FATHER'S NAME Daniel Coleman		13b. MOTHER'S MAIDEN NAME Florence Humphrey		14. NAME OF HUSBAND OR WIFE Mamie Coleman	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702-03-4034	17. INFORMANT Mamie Coleman	Address 4621 Kossuth Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma to Liver</i> DUE TO (b) <i>Carcinoma Colon</i> DUE TO (c) <i>153.8</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic Pneumonia</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. <i>8:55 p.m.</i>	Month, Day, Year <i>8/12/60</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *8/12/60* to *8/14/60* and last saw her/him alive on *8/14/60*
 Death occurred at *8:55 pm* *8/14/60* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Richard A Ruder me</i>	(Degree or title)	22b. ADDRESS <i>Thimo Hope</i>	22c. DATE SIGNED <i>8/14/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-19-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co.</i>	(State) <i>Mo.</i>
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24. FUNERAL DIRECTOR <i>J. H. RANDLE & SON</i>	ADDRESS <i>3133 Bell Ave.</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 16 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.