

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3122 BRANTNER		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3122 BRANTNER
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LEMOND COLEMAN			4. DATE OF DEATH Month Day Year JAN. 14- 61	
5. SEX MALE	6. COLOR OR RACE colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1885	9. AGE (last birthday) 76 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PRADVILLE, ALA	12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME MILES COLEMAN		13b. MOTHER'S MAIDEN NAME LIZA ?	14. NAME OF HUSBAND OR WIFE CLARA COLEMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NA		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS CLARA COLEMAN BRANTNER 3122	

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>Unborn Atherosclerotic Heart Disease</i> DUE TO (b) <i>Generalized Atherosclerotic Disease</i> DUE TO (c) <i>420-0</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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

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

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 7:30 p.m. to her and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.
 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Joseph M. Quinn Deputy Coroner</i>	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-20-61	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM. ST. LOUIS CTY MO	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR A.F. WALTON	ADDRESS 2707 Stoddard St.	25. DATE RECD. BY LOCAL REG. JAN 17 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>

DATE AMENDED
 INSTEAD OF THIS RECORD ARE AS FOLLOWS
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.