# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1123 — File No. 28415

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 309

City Koch (No. ..... St. ..... Ward)

**2. FULL NAME** William Cole

(a) Residence. No. 2845 Clark St., ..... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 4 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Black | Separated |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Separated

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 25, 1881

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 3 | 4 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

PARENTS

10. NAME OF FATHER: S. Cole
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): W. Va.
12. MAIDEN NAME OF MOTHER: Annie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La

14. INFORMANT: R. Koch Hospital Records
(Address): Koch, Missouri

15. FILED Sept. 15 1928 L. C. Obrock M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from April 7 1928, 19..., to Aug. 29 1928, 19..., that I last saw him alive on Aug. 29, 1928, and that death occurred, on the date stated above, at 2:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pul. Tuberculosis
2 3/4
3/
About (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) P. L. Ehrlich, M.D.
8/29/28 (Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Louis U. Anatomical Board — DATE OF BURIAL: 9/15 1928

20. UNDERTAKER: Zieglers Bros — ADDRESS: St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.