

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

223100

REC'D MAR 4 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

4962  
Do not use this space.

Registered No. 1607

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County 1 Registration District No. 1

(b) Township 1 Primary Registration District No. 1

(c) City St. Louis (d) Street No. 2601 N Whittier

(e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Letitia Cole 400

(a) Residence, No. 2808 Lucas St. 21

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE / C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

48 1 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves Missouri

FATHER 13. NAME William Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Georgia Farrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Evelyn Hilliard  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE 2/13/38

19. FUNERAL DIRECTOR (ADDRESS) J. Lewis  
Webster Groves

20. FILED FEB 15 1938 J. P. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 2-4 1938, to Feb. 9, 1938

I last saw her alive on Feb. 9, 1938. Death is said to have occurred on the date stated above, at 2:55p m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. L. Lewis, M. D.  
(Address) 2601 N Whittier

Def. of Pass. 2/4/38

108

STATEMENT BY LICENSED EMBALMER

I, Clark Young, Licensed Embalmer No. 3371  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clark Young  
Licensed Embalmer No. 3371

**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.)**

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No. 1002 Registered No.....  
 (c) City St. Louis (d) Street No. 2601 N Whittier St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lettita Cole  
 (a) Residence, No. 2808 Lucas St. 31 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Webster Groves  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Cole  
 14. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Georgia Farrington  
 16. BIRTHPLACE (CITY OR TOWN) Tennessee  
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard  
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Nickerson DATE 2-13-38

19. FUNERAL DIRECTOR (ADDRESS) J. C. Lewis  
Webster Groves, Mo

20. FILED 2-15, 1938 J. F. Bredeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Feb. 9, 1938

I last saw her alive on Feb. 9, 1938. Death is said to have occurred on the date stated above, at 2:55p m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 2/4/38

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify (Signed) d. d. Lewis, M. D.  
 (Address) 2601 N Whittier

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.

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4962

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**