JAN 11 1939

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

791
1003

40896
Do not use this space.

10588

1. PLACE OF DEATH

(a) County 3
(b) Township 1
Registration District No.
Primary Registration District No.
Registered No.
(c) City of St. Louis
(d) Street No. ~~2836a McNair Ave~~ En route City Hosp. No. 1. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 4078 Wm. B. Cole

(a) Residence, No. 2836a McNair Avenue St. 24
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Nona Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Construction
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Michigan

FATHER
13. NAME Ira Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Nona Cole
(ADDRESS) 2836a McNair Avenue

18. BURIAL, CREMATION, OR REMOVAL in
PLACE St. Matthews Cem. DATE 12/9/38 19

19. FUNERAL DIRECTOR A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. Filed DEC 8 1938 19 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/38 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis;	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? U
If so, specify
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Paul A. Keith, Licensed Embalmer No. 361 V

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 361 V or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 361 V

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.)