

11 1939

REC'D MAY 16 1939

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

16177
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Normandy Primary Registration District No. 200 Registered No. 863
 (c) City Wellston, Mo. (d) Street No. 6415 Chatham Ave. 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 Walter George Cole
 (a) Residence, No. 6415 Chatham Ave. St.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1866.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) Illinois

FATHER
 13. NAME David G. Cole

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

MOTHER
 15. MAIDEN NAME Elizabeth M. Johnson

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

17. INFORMANT Mrs. Agnest Bresnahan
 (ADDRESS) 6415 Chatham Ave.,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem., DATE May 12/39.

19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125 Hediamont Ave.

20. FILED MAY 17 1939
N. R. Meyer, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8/39. 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1939, to May 9 1939
 I last saw him alive on May 9 1939 Death is said to have occurred on the date stated above, at 12.45 P.M.

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

Chronic Pericarditis Date of onset 5 yrs
Acute Nephritis Date of onset 2 mos
90

Other contributory causes of importance:
Acute Nephritis

Name of operation none Date of none

What test confirmed diagnosis? Urinalysis Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 1939

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? no

If so, specify

(Signed) N. R. Meyer, M.D. M.D.

707 (Address) 8816 Webster St.

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.

8816A
Dr. Schumacher
St. Charles Rock Road,
W. Va. 26105

STATEMENT BY LICENSED EMBALMER

I, Alan Nelly, Licensed Embalmer No. 3225

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

Alan Nelly

Licensed Embalmer No. 3225

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.)