

13 MAY 15 1940 791
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 2114

1. PLACE OF DEATH: St. Louis, Missouri.

(a) County St. Louis.

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 716 1/2 So 4th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Renorl Cole 400

8. (b) If veteran, name war -----

8. (c) Social Security No. 499-01-5600

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertie Cole

6. (c) Age of husband or wife if alive 43 years 14 1898

7. Birth date of deceased 2 (Month) 14 (Day) 1898 (Year)

8. AGE: Years 42 Months 1 Days 27
If less than one day hr. min.

9. Birthplace Jackson Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 9

MOTHER FATHER { 12. Name George Cole 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address 716 1/2 R. So. 4th St.

17. (a) BURIAL (b) Date thereof 4-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Feather Dicks on Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) APR 15 1940 (b) J. F. [Signature]
(Date received by Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 716 1/2 R. So. 4th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11th
year 1940 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (Means of injury)

23. Signature Alfred [Signature] (M. D. or other) _____

Address Deputy Coroner _____ Date signed 4-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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 this body is not embalmed, above space should be left blank.