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JAN 15 1941 791

State File No. 10074

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS - MO. 3
(b) City or town ST. LOUIS - MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1742A NICHOLSON PL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME LEONA COLE

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDWARD L. COLE 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUG. 26. 1914.
(Month) (Day) (Year)

8. AGE: Years 26. Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name ROSELY THURMOND

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

14. Maiden name GLADYS CLAY

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

16. (a) Informant Edward L. Cole

(b) Address 1742A Nicholson Pl

17. (a) BURIAL (b) Date thereof 12-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director L. M. Mullen

(b) Address 15165 DELMAR BLVD

19. (a) DEC 9 1940 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town ST LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1742A NICHOLSON PL.
(If rural, give location)
(e) If foreign born, how long in U.S.A. physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1940 hour 11 minute 24 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 Cerebral Thrombosis

Due to Alcoholism

Due to 124a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124a

Of autopsy

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) (e) Means of injury 5

23. Signature J. J. Brebeck (M. D. or other) Address 124a Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

St Louis Mo

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, fact should be so stated above.