

1941 FEB 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **300**

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17
9

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
5815 Cates Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County..... **000**

(c) City or town. **St. Louis** **517**
(If outside city or town limits, write "RURAL")

(d) Street No. **5815 Cates Ave.** **9**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULLNAME **William Marion Cole**

3. (b) If veteran, name war. **No.** 3. (c) Social Security No. **None**

4. Sex. **Male** **0** 5. Color or race. **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Martha** 6. (c) Age of husband or wife if alive. **60** years

7. Birth date of deceased. **March 3 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 10 8 hr. min.

9. Birthplace. **Reedsville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Retired**

11. Industry or business.....

MOTHER FATHER { 12. Name. **John Cole**

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

14. Maiden name. **Rebecca Riggs**

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

16. (a) Informant. **Mrs. E. W. Arensmeyer**

(b) Address. **5815 Cates Ave.**

17. (a) **Removal** (b) Date thereof. **1/13/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Fulton, Mo.**

18. (a) Signature of funeral director. **Albert H. Hoppe** **AM**

(b) Address. **4700 Washington Ave.**

19. (a) **JAN 13 1941** (b) **J. F. Bredeck**
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **11**
year **1941** hour **4:20 pm** minute..... M.

21. I hereby certify that I attended the deceased from **Tuesday**
The 22, 1940, to **Jan 11**, 1941;
that I last saw him alive on **Jan 11**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death. **Coronary Thrombosis** **4 days**
Duration

Due to. **Anteriosclerotic Heart Disease**
(E. K. G. finding) **2 years?**

Due to.....

Other conditions. **None**
(Include pregnancy within 3 months of death)

Major findings: **No operation**

Of operations.....

Of autopsy. **No Autopsy** **AM**

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) (e) Means of injury.....

23. Signature **Carl A. Powell** (M. D. or other) **D**

Address. **3511 Lucas Ave. St. Louis Mo** Date signed **Jan 12-41**

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 *J. G. Sullivan*

Licensed Embalmer No. *1122*

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, fact should be so stated above.