

904
S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19467

State File No.

Registrar's No. **5793**

FILED JUL 20 1942
791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 Days**
(Specify whether years, months or days)

In this community **1 year 3 months**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1416a South Broadway**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **George A. Cole**

3. (b) If veteran, name war **no**

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **March 28 1881**
(Month) (Day) (Year)

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

61 3 9 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER

12. Name **Thomas Cole**

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

14. Maiden name **Melvina Sparks**

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

16. (a) Informant **Hixie Cole**

(b) Address **1416a So Broadway**

17. (a) **Removal** (b) Date thereof **7/19/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chaffee Mo.**

18. (a) Signature of funeral director **W. W. McLaughlin**

(b) Address **2301 Lafayette**

19. (a) **JUL 7 1942** (b) **J. F. Bredesh**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**, year **1942** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 11, 1942** to **July 6, 1942**; that I last saw him alive on **July 6, 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of rectum**

Due to.....

Due to **Generalized peritonitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **Same**

Duration

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 **0**

23. Signature **J. W. Johnson** (M. D. or other).....

Address **1515 Lafayette Avenue** Date **7/17/42**

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.....

Charles Neighbors....., Registered Apprentice No. *319*
working under my personal supervision.

Signed *L. P. Casper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.