

FILED SEP 23 1942 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7583

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:  
Home 2621 Lawton  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Years  
(Specify whether years, months or days)

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. 2621 Lawton Blvd  
(If rural, give location)  
 (e) No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Julia Cole

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dan Cole 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 3 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Walker Chome

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

14. Maiden name Flossie Almond

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

16. (a) Informant Ada Lewis  
 (b) Address 212 S. Central St

17. (a) Burial (b) Date thereof Sept 11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Hughes  
 (b) Address 2620 Lawton Blvd

19. (a) SEP 11 1942 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5  
 year 1942 hour 3 minute 00 P.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 Coronary Thrombosis

Due to Choking

Other conditions at 1st  
(Include pregnancy within 6 months of death)

Major findings: Of operations at 1st  
 Of autopsy at 1st

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 at 1st  
 Signature Alfred Perry (M. D. or other).....  
 Date signed 9/8/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

*Lyda Hughes*

Licensed Embalmer No.....

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.**