

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

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5-43
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FILED FEB 27 1944

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **290**

1. PLACE OF DEATH:
 (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: City Hospital 1
 (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 Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4523 Helron Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME EDWARD M. COLE
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8th
 year 1944 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Jan 8 - 1
 1944, to Jan 8, 1944
 that I last saw him alive on Jan 8, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife Late Mathilda Cole
 (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov. 3rd 1890
 (Month) (Day) (Year)

Immediate cause of death Anemia - coronary sclerosis
senile
 Due to 0
 Due to Alfred Pearson 1949
 Other conditions (Include pregnancy within 6 months of death) Sept 1894
 Major findings: Jan
 Of operations Jan
 Of autopsy Jan

8. AGE: Years Months Days If less than one day
73 2 5 hr. min.

9. Birthplace Franklin County Mo. 0
 (City, town, or county) (State or foreign country)
10. Usual occupation Peachy Dairy Co.
11. Industry or business laborer retired 7 yrs.
MOTHER FATHER
 { **12. Name** William Cole
 { **13. Birthplace** Mo. 0
 (City, town, or county) (State or foreign country)
 { **14. Maiden name** Martha Witworth
 { **15. Birthplace** Jefferson County Mo. 0
 (City, town, or county) (State or foreign country)

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 W. Antom... (M. D. or other)
 Address 1625 Lower... Date signed 1/10/44

16. (a) Informant George Cole
 (b) Address 4328 Fairview Ave
17. (a) Burial (b) Date thereof 1-11-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral Hartigshauer Mortuaries
 (b) Address 4228 So. Highways
19. (a) JAN 11 1944 (Date received local registrar)
J. F. Breda (Registrar's signature)

Mr W. Antoinette Hall
Lower Avenue & Meade 9-10-11-3

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 Edwin J. Mc Dermott

Licensed Embalmer No. 3024

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.