S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12656

State File No.

FILED MAY 9 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3865

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2224 Delmar 21
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cora Lee Cole

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Cole

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 28 (Day) 1912 (Year)

8. AGE: Years 32 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Vicksburg (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Homework

11. Industry or business

FATHER
12. Name Rufus Anderson
13. Birthplace Vicksburg (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Julia ?
15. Birthplace Unk (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Estella Young
(b) Address 2812 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave

19. (a) APR 26 1944 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

APR 26 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from April 11, 1944 to April 22, 1944; that I last saw her alive on April 22, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alva Moore (M. D. ~~or other~~)

Address 260 1 Whittier Date signed 4/26/44

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chowtea

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.