

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED JUL 31 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether \_\_\_\_\_)

In this community 60 years  
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. 4969 Chippewa St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lizzie Otway Cole

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank D. Cole

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

7. Birth date of deceased August 24, 1862  
(Month) (Day) (Year)

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

83	9	29	hr. min.
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9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas Otway

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Miss Blanche W. Cole

(b) Address 4969 Chippewa St.

17. (a) burial (b) Date thereof 6/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) JUN 24 1946 (Date received local registrar)

J. J. Bredesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1946 hour 7 minute 30 p.M.

21. I hereby certify that I attended the deceased from May 27, 1946, to June 23, 1946  
that I last saw h. er. alive on June 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature Michael W. Karl (M. D. or other)

Address 3720 Washington Blvd Date signed Jun 27, 46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

20454

Wm. W. Heart  
3720 Washington

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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 W. B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

**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.