

No. 3904
M-10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41360

State File No. 11042

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 1 week
(Specify whether in this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town West Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2833 Tennyson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Guy Cole

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 48 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from 12-14-48 to 12-20-48 and that death occurred on the date and hour stated above.

that I last saw him alive on 12-20-48

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Leonora Cole

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

7. Birth date of deceased Aug (Month) 9 (Day) 1878 (Year)

Immediate cause of death	Duration
<u>Coronary Occlusion</u>	<u>1 day</u>
Due to <u>Arteriosclerosis, generalized</u>	<u>10 yrs</u>
<u>Dilated Myocardium</u>	<u>10 yrs</u>
Due to _____	_____

Other conditions (include pregnancy within 3 months of death) _____

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

<u>70</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____
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9. Birthplace Annapolis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Vulcanizing Business

12. Name Wm. Cole

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

14. Maiden name Kate O. Omahundra

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

16. (a) Informant Mrs. Leonora Cole

(b) Address 2833 Tennyson

17. (a) burial (b) Date thereof 12-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander T. Smith

(b) Address 6175 Delmar

19. (a) DEC 21 1948 (b) J. B. Swater
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Coronary Occlusion

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 _____

23. Signature Henry W. Moller (M. D. or other)
Address St. Lukes Hospital Date signed 12-21-48

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 Geo. E. McCulloch
Licensed Embalmer No. 2160
P. O. Address 6175 Felma

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.