

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38594**  
**10191**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis. Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>2585<sup>a</sup> Farrar St. 1</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>2585<sup>a</sup> Farrar 10</b>							
3. NAME OF DECEASED (Type or Print) <b>Evelyn</b>			a. (First) _____		b. (Middle) <b>A.</b>		c. (Last) <b>Cole</b>				
4. DATE OF DEATH (Month) (Day) (Year) <b>11 25 1949</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4-19-1909</b>			
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hour _____		IF UNDER 1 HRS. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo 17</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>George Ploudre</b>			13b. MOTHER'S MAIDEN NAME <b>Agnes Bange</b>			14. NAME OF HUSBAND OR WIFE <b>Edward A. Cole</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Edward A. Cole - 2585<sup>a</sup> Farrar</b>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolicism.</b>				II. OTHER SIGNIFICANT CONDITIONS							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Vegetative Endocarditis</b>							
				DUE TO (c) <b>Rheumatic fever.</b>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP): _____ (COUNTY) <b>St. Louis</b> (STATE) <b>Mo</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4-27-49</b>							
22. I hereby certify that I attended the deceased from <b>Nov 19, 1945</b> to <b>Nov 25, 1949</b> , that I last saw the deceased alive on <b>Nov 25, 1949</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Joseph Messler M.D.</b>				23b. ADDRESS <b>3504 N 19th St.</b>				23c. DATE SIGNED <b>11-26-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-28-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis. Mo</b>					
DATE REC'D BY LOCAL REG. <b>NOV 27 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Koch + Son - 3116 N. 14th</b>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING INK - MAKE A PERMANENT RECORD -

*Handwritten initials*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald Q. Yorkhake

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.