

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

24654
State File No. 6618
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 1721 Bacon St.			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle) _____		c. (Last) Cole	
4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 16, 1900		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 11 Days 14		IF UNDER 24 HRS. Hours 1 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice & Coal		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Batesville, Miss.,		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert Cole		13b. MOTHER'S MAIDEN NAME Elizabeth Cole		14. NAME OF HUSBAND OR WIFE Daisy Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Daisy Cole		ADDRESS 1721 Bacon St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with metastasis to colon & Peritoneum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION 6/28/50		19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of Stomach				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from 6-21-1950 to 7-30-1950 , that I last saw the deceased alive on 7-29-1950 , and that death occurred at 8:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Pasator (Degree or title) MD				23b. ADDRESS 3200 Lucas Ave		23c. DATE SIGNED 8/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-5-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. AUG 3 1950		REGISTRAR'S SIGNATURE J. B. Pasator		25. FUNERAL DIRECTOR'S SIGNATURE E. P. France		ADDRESS 1221 N. Grand	

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

AUG 3 1960

Ent separate cert filed

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

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.