

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **01679**
Registrator's No. **8679**

FILED OCT 21 1950

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. ST. LOUIS</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S INFIRMARY</u>			d. STREET ADDRESS (If rural, give location) <u>1024 TUDOR</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MISSOURI</u>		b. (Middle) _____		c. (Last) <u>COLE</u>	
4. DATE OF DEATH <u>OCT. 13, 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 16, 1913</u>		9. AGE (In years last birthday) <u>37</u> 4 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LAUREL, MISS.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN COLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>John Cole</u>		ADDRESS <u>1024 TUDOR E. ST. LOUIS</u>			
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, ashenia, etc. - It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5-90X</u>	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Oct 3</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Oct 3</u> , 19 <u>50</u> , and that death occurred at <u>8:20</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw. J. W. ...</u>		23b. ADDRESS <u>930 N LNO ST</u>		23c. DATE SIGNED <u>10/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>OCT. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Crigger</u>		ADDRESS <u>1036 TUDOR E. ST. LOUIS, ILL.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 14 1950</u>		REGISTRAR'S SIGNATURE _____		_____	

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

X *W. ...*

OCT 14 1950

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4107 Finney*

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.