

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

1003

State File No. 34683
Registrar's No. 8465

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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|---|--|--|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 3430 Michigan | |

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|---|---------------------------|---|--|------------------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) c. (Last) Coles | | | 4. DATE OF DEATH (Month) (Day) (Year) 10/5/50 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH July 17, 1892 | 9. AGE (In years last birthday) 58 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) Pope County, Illinois / | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | | | | |
|--|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME Charles Randolph | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE --- | |
| 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. -- | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther M. Golley--705 | |

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|---|--|---|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia | | INTERVAL BETWEEN ONSET AND DEATH 10 months | |
| ANTECEDENT CAUSES Morbidity 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. | | | |

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|---|--|--|--|--|--|
| 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 20 ft. O | |

22. I hereby certify that I attended the deceased from Jan 19 50 to Oct 5, 19 50, that I last saw the deceased alive on Oct 5, 19 50, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

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|-----------------------------|--|--------------------------------|--|-----------------------------|--|
| 23a. SIGNATURE A M Frank | | 23b. ADDRESS 3701 Grand St. | | 23c. DATE SIGNED 10-7-50 | |
|-----------------------------|--|--------------------------------|--|-----------------------------|--|

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|---|--|----------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/9/50 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
|---|--|----------------------|--|---|--|--|--|

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|-----------------------------------|--|---|--|---|--|-------------------------|--|
| DATE REC'D BY LOCAL REG. OCT 7 | | REGISTRAR'S SIGNATURE J. B. Lassater | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Idelberger | | ADDRESS 3634 Gravois | |
|-----------------------------------|--|---|--|---|--|-------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed

Frank J. Thomas Jr.

Licensed Embalmer No. *2675*

P. O. Address *St. Louis, Mo*

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.