

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 5962

BIRTH NO. 3940-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 996

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1744 PRESTON AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Lee</u> c. (Last) <u>COLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 29 51</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED (NEVER MARRIED / WIDOWED, DIVORCED (Specify)) <u>()</u>	8. DATE OF BIRTH <u>JANUARY 26 51</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>10 St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN RAYMOND COLE</u>	13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LOUISE FRAZIER</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John R Cole</u>	ADDRESS <u>1744 Preston Pl</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>757H.H</u>

22. I hereby certify that I attended the deceased from JANUARY 26 19 51 to JANUARY 29 19 51 that I last saw the deceased alive on JAN. 29, 19 51, and that death occurred at 3:07P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. ...</u>	23b. ADDRESS <u>102 S. ...</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilburn</u>
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		

DATE REC'D BY LOCAL REG. <u>JAN 31 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland ...</u>	ADDRESS <u>St. Louis 10, Mo.</u>
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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 ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Orleans, 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.