

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6037

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2196**

1. PLACE OF DEATH  
a. COUNTY **St. Louis City**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **St. Louis, MO** (Outside corporate limits, write RURAL and give township)  
c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Pacific Hospital**

e. STREET ADDRESS (If rural, give location) **4245 West Pine Blvd.** **2199**

3. NAME OF DECEASED  
a. (First) **Albert** b. (Middle) **Leroy** c. (Last) **Cole**  
(Type or Print) **Albert Leroy Cole**

4. DATE OF DEATH **March 7, 1954**  
(Month) (Day) (Year)

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Jan. 4, 1890**

9. AGE (In years last birthday) **64**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during greater part of working life, even if retired) **Real Estate Operator (Retired)**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **Meade, Kansas**

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **John A. Cole**

13b. MOTHER'S MAIDEN NAME **Ida Long**

14. NAME OF HUSBAND OR WIFE **Myrtle 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. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Myrtle G. Cole** ADDRESS **4245 W. Pine Blvd.**

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) **Chronic Nephritis (Uremia)**  
  
ANTECEDENT CAUSES **Essential Hypertension**  
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. **Combined System Disease-Bronchitis**

INTERVAL BETWEEN ONSET AND DEATH  
**10 yrs**  
  
**25 yrs.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **592x**

22. I hereby certify that I attended the deceased from **January 19<sup>54</sup>**, to **Mar. 7, 19<sup>54</sup>**, that I last saw the deceased alive on **Mar 6, 19<sup>54</sup>**, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **MD**

23b. ADDRESS **3720 Washington St. Louis, Mo**

23c. DATE SIGNED **3/8/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Mar. 10, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 9 1954**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storason*.....

Licensed Embalmer No. *400*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.