

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35371  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9475**

300  
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |  | c. CITY OR TOWN <b>St. Louis</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |  | d. STREET ADDRESS <b>1902 Franklin</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br><b>Nathan Cole</b>   |  | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>13</b> Year <b>56</b>  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>2/9/1893</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Porter</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Arkansas</b>                                     |
| 13. FATHER'S NAME<br><b>Henry Cole</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Ellen ?</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>-----</b>  |   |
| 17. INFORMANT<br><b>Eleanor Cole</b>  |  | Address<br><b>1902 Franklin</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage due to Hypertension</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>undet</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   | <b>331X</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Hypertensive Cardiovascular Disease-Arteriosclerosis, Generalized</b>                               |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <b>10-2-56</b> to <b>10-13-56</b> and last saw <b>him</b> alive on <b>10-13-56</b><br>Death occurred at <b>2:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Hugh Waters</b>  |  | 22b. ADDRESS<br><b>2601 Whittier Street</b>   | 22c. DATE SIGNED<br><b>10-15-56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>10/19/56</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>                       |
| 24. FUNERAL DIRECTOR<br><b>E. B. Koonce</b>   |  | ADDRESS<br><b>1221 N Grand</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 17 1956</b>  |
| 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith</b>  |  |   | <b>mjb</b>  |

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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 *Carlene Cross*.....

Licensed Embalmer No. *479*

P. O. Address *1224 No. 1*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.