URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 046359

FILED VS DEC 21 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3227 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bel - Ridge — Length of stay in 1b 4 Yr's
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8920 Spur Lane — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Bel - Ridge — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8920 Spur Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANGELA Middle GENEVIEVE Last COLE

4. DATE OF DEATH Month Dec. Day 3, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 28, 1884
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and state or country) St. Louis
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Michael Glynn
13b. MOTHER'S MAIDEN NAME Nan Conners
14. NAME OF HUSBAND OR WIFE Howard H. Cole Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Chas. Blumentritt 8424 Ardsley

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	myocardial ischemia	30 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Shock	1 hr
DUE TO (c)	Acute viral gastroduodenitis	12 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Completely deforming rhanatoid arthritis - Sightless Cachexia marked

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1951, to 12/3/59 and last saw her/him alive on 11/2/59
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature], MD.
22b. ADDRESS 226 S Mexamee
22c. DATE SIGNED 12/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Mo

24. FUNERAL DIRECTOR Cullen - Kelly ADDRESS 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG. 12-4-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James A. Lamme

Licensed Embalmer No. 4142

P. O. Address St Lou

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