RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-033179

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2250

DED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospt — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Florissant — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2060-St. Louis Str. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Henry Last Cole

4. DATE OF DEATH Month July Day 25 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-23-21
9. AGE (last birthday) 39
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Volz Fire Clay
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME William M. Cole
13b. MOTHER'S MAIDEN NAME Rose Hoepf
14. NAME OF HUSBAND OR WIFE Helen M. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#2
16. SOCIAL SECURITY NO. 497-18-3975
17. INFORMANT Helen M. Cole Address 2060 St. Louis Str.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple penetrating "shot" wounds enter-
~~ing the left lateral thorax and penetrat-~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ing through the left lung into the heart
~~and aorta with resultant hemothorax on~~
DUE TO (c) left and a hemopericardium
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.) Gunshot wounds at hands of another person
20c. TIME OF INJURY 7:00 Hour ~~a.m.~~ p.m. Month, Day, Year 7/25/60
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.) Tavern
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Missouri STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gaylord W. Hart (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 8/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-29-60
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) Pagedale, Mo.

24. FUNERAL DIRECTOR Bellmann Bros. Inc. ADDRESS 2504-Woodson Rd-Overland-14-Mo.
25. DATE RECD. BY LOCAL REG. 7-27-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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