

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2286

FILED AUG 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in 1b ONE DAY	c. CITY OR TOWN SUNSET HILLS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10424 EAST WATSON ROAD
3. NAME OF DECEASED (Type or print) First BARZILLAT Middle L. Last COLE		4. DATE OF DEATH JULY 17, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/24/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY COLE CHEMICAL CO.	9. AGE (last birthday) 82
11. BIRTHPLACE (City and state or country) OXFORD, NO. CAROLINA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME COLE		13b. MOTHER'S MAIDEN NAME ADELINE BLACKWELL	14. NAME OF HUSBAND OR WIFE FRANCIS L. COLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT FRANCIS L. COLE		Address 10424 E. WATSON ROAD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overdose of Phenobarbital			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intentional ingestion of overdose of medication	
20c. TIME OF INJURY? Hour ? a.m. ? p.m. 7/16/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home premises	20f. CITY, TOWN, OR LOCATION Sunset Hills COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond L. ...</i> Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 7/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE JULY 18, 1963	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY	23d. LOCATION (City, town, or county) (State) 7800 ST. CHARLES ROAD
24. FUNERAL DIRECTOR PFITZINGER MORTUARY, KIRKWOOD, MO.		25. DATE RECD. BY LOCAL REG. 7-18-63	26. REGISTRAR'S SIGNATURE <i>John B. ...</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Don E. Hoffman

Licensed Embalmer No. 4366

P. O. Address Don E. Hoffman

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.