

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28250

1. PLACE OF DEATH

County St. Louis
 Township Central
 City St. Louis

Registration District No. 789
 Primary Registration District No. 60339

File No.
 Registered No. 239 Ward

2. FULL NAME

William A Cole 3718 Juniper St.
 (a) Residence. No. 1535a Benton St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY)

10. NAME OF FATHER Arthur Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jean Finnegan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wash
 (STATE OR COUNTRY)

14. INFORMANT Arthur Cole
 (Address) 1535a Benton St

15. FILED 9/16 1927 Rolla Tracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1927, to Sept 15, 1927, that I last saw him alive on Sept 14, 1927, and that death occurred, on the date stated above, at St. Louis

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perinatal - Generalized infection caused by gangrenous placenta second. Autopsy accordant to mother's books prior to birth. (duration) yrs. mos. ds.

CONTRIBUTORY Inanition - Convulsions - Hypertension - 108 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1611 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF 9/16
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Lucas B. Tramm, M. D.
9/16, 1927 (Address) 3718 Juniper Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 9-16 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 20399 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state their names as carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

OCT 28 1927

