WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

24526

File No. 6681

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. , Sanitarium St. Ward)

2. FULL NAME Earl Stanley Cole

(a) Residence. No. 121 Valentine St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28. 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Switchman

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Manufacturers R. R.

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) D. C.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. R. Summers
(Address) 5300 Arsenal

15. FILED JUL 11 1930, 19 Guy C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1928, to July 9th, 1930, that I last saw him alive on July 9th, 1930 and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane

(duration) 1 yrs. 8 mos. 9 ds. +

CONTRIBUTORY (SECONDARY) (Syphilis)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) W. R. Summers, M. D.

7-9, 1930 (Address) 5300 Arsenal

*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	DATE OF BURIAL
Missouri Crematory	July 12 1930

20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S Broadway