

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

Do not use this space.

14498

**1. PLACE OF DEATH**

County St. Louis  
Township Cuyamohock  
City Kirkwood (No. ...., St. .... Ward)

Registration District No. 1120  
Primary Registration District No. 0248

File No. ....  
Registered No. 36

**2. FULL NAME**

Albert Cole  
(a) Residence, No. 4354 - Lindell St. ✓ Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred X yrs. X mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1876, Mar. 20</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lumber</u>		
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1933  
22. I HEREBY CERTIFY, That I attended deceased from April 19 1933 to April 25 1933  
I last saw him alive on April 25 1933. Death is said to have occurred on the date stated above, at 7:05 m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
2 1/2 yrs  
2 1/2  
2 1/2  
Other contributory causes of importance  
Tuberculosis Laryngitis  
1 yr

Name of operation .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Stanley P. Penner, M. D.  
(Address) Kirkwood, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hulland, Ill</u>
	13. NAME <u>Joseph Cole</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
	15. MAIDEN NAME <u>Maggie Brooks</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	17. INFORMANT (ADDRESS) <u>Kirkwood Hospital Records</u>
	18. BURIAL, CREATION, OR REMOVAL PLACE <u>Lakewood Park</u> DATE <u>April 28</u> 19 <u>33</u>
	19. UNDERTAKER (ADDRESS) <u>Embruster Undertaking Co</u>
	20. FILED <u>Apr. 26 1933</u> <u>L. G. Obrecht, M.D.</u> Registrar.

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.

MAY 24 1933

MARGIN RESERVED FOR BINDING

VES. NO. 2

1953-4-25

1976-3-22

67 1-5