

JUN 26 1936

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

Do not use this space.

20500

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033
City (No. 3604, Gay Ave.) St. _____ Ward _____

2. FULL NAME

Leatrude Cole
(a) Residence, No. 3604 Gay Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Randall C. Cole
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME Andrew Heine

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Schwarz

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Randall C. Cole (ADDRESS) 3604 Gay Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE May 23, 1936

19. UNDERTAKER Geo. L. Pleigstein Inc. (ADDRESS) 5966 Eastern Ave.

20. FILED 5-22-, 19 36 Adolph Bachman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct-15, 1935, to May-27, 1936
I last saw him alive on May-20, 1936 Death is said to have occurred on the date stated above, at 2:35 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis Date of onset _____

Other contributory causes of importance: Acute myo-carditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. Hale, M. D.
(Address) 4903 Delmar

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.

Dr. H. J. Hale.

Roosevelt Hotel Bldg.

1 to 4

(Jan 14 1921)