NOV 4 1936

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

Do not use this space.

39525

791

1003

File No.

Registered No. 14566

1. PLACE OF DEATH

County

Registration District No.

Primary Registration District No.

Township

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

City Hospital No.1

B. 10076

2. FULL NAME Alice Cole

(a) Residence, No. 910 a N. Sarah St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	colored	separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk

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) (STATE OR COUNTRY) Bridgeton Missouri

FATHER

13. NAME Alexander Grant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Misouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp/ Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington park DATE 10-23 19.6

19. UNDERTAKER Manuel Gendt (ADDRESS) 4059 Finney ay

20. FILED OCT 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/6/36, 19..., to 10/17/36, 19...

I last saw her alive on 10/17/36, 19... Death is said to have occurred on the date stated above, at 11/15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous subarachnoid hemorrhage (st.)	
Old hemiplegia (st.) with organic psychosis	
Hypostatic pneumonia (bilat.)	

Other contributory causes of importance:

Essential hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?

If so, specify

(Signed) Charles M. Jessup, M. D.

(Address) City Hospital No.1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Express conclusions, not symptoms. Do not use abbreviations or contractions. Write legibly and in ink.