

NOV 15 1937

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

36004  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **ST. LOUIS** (d) Street No. **DESLOGE** **HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **FREDERICK W. COLE**

(a) Residence, No. **7209 Lanham Ave.** St. **[4]**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mary M. Cole**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7, 1894**  
 7. AGE YEARS **43** MONTHS **3** DAYS **4** If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) **Nova Scotia,** (STATE OR COUNTRY) **Canada**

FATHER  
 13. NAME **William R. Cole**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER  
 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Mary M. Cole** (ADDRESS) **7209 Lanham Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus Cem.** DATE **Oct 14, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **7146 Manchester Ave.**

20. FILED **OCT 14 1937** **J. T. Bielecki** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 11, 1937**  
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 20, 1937, 19** to **Oct. 11, 1937, 19**  
 I last saw him alive on **Oct. 11, 1937**. Death is said to have occurred on the date stated above, at **7:20 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Gastro-intestinal hemorrhage 10/11/37**  
**no stones**  
 Date of onset  
 Other contributory causes of importance: **[Handwritten]**

Name of operation **Common duct drainage** Date of **9/25/37**  
 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? ..... 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 **[Handwritten]** M. D.  
 (Signed) **[Handwritten]** (Address) **607 - N Grand St. Louis Mo.**

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

1 X12004  
50M-740-37

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.

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STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. Croghan  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed M. J. Croghan  
Licensed Embalmer No. 2622

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**