

NOV 15 1937

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

36184  
Do not use this space.

1. PLACE OF DEATH

(a) County New 15 1937  
(b) Township  
(c) City St. Louis, Mo.  
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds.

Registration District No. 791  
Primary Registration District No. 1003

Registered No. 9761

(d) Street No. City Infirmary. St. 40 (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Katie Cole

(a) Residence, No. 5800 Arsenal St. St. 13  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1854.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
83 4 7

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

13. NAME Unknown.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 21 1937

19. FUNERAL DIRECTOR (ADDRESS) J. H. Gebben 2842 Michigan

20. FILE OCT 21 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1932 to September 27, 1937

I last saw her alive on September 27, 1937 Death is said to have occurred on the date stated above, at 1:30 m. P.M.

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

Chronic Myocarditis Date of onset

Arterio Sclerosis

Other contributory causes of importance: 93C

Name of operation Date of  
What test confirmed diagnosis? chemical Was there an autopsy? no

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) Henry J. Ulrich, M. D.  
(Address) 5666 Arsenal

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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2  
31  
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**STATEMENT BY LICENSED EMBALMER**

I, This body is not embalmed, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**