

A. 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.

REC'D OCT 12 1938

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

30904  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis

Registration District No. 791  
1003

Primary Registration District No. ....

Registered No. 8341

(d) Street No. City Hospital No. 1 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

(a) Residence, No. 2325 University St. 20 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

Andrew Cole

1/07

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22/38 19...

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

22. I HEREBY CERTIFY That I attended deceased from 9/20/38 to 9/22/38, 19...  
I last saw him alive on 9/22/38, 19... Death is said to have occurred on the date stated above, at 11.10 a m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 9 0

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

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

Intraventricular hemorrhage  
Hypertension  
1/1  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

Other contributory causes of importance:  
Cerebral arteriosclerosis  
senility

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME Unknown Cole  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown "

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Lesterville, Mo. DATE Sept. 24/1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc.  
4700 Washington Blvd.

20. FILER SEP 23 1938 J. H. Bredecker Local Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 Edward J. Weiss, M. D.  
(Signed) City Hospital No. 1  
(Address)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Guy W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**