

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10027
Registrar's No.

DEC 13 1939 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: 1005
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
At home 2306 A. Allen Ave
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 23
(d) Street No. 2306 A. Allen Ave
(e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME William F. Cole 400
(b) If veteran, name war *****
(c) Social Security No. *****
4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Sarah Cole
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 6 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22nd
year 1939 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from May 1937 to Nov. 22nd 1939;
that I last saw him alive on Nov. 22nd 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 16
If less than one day hr. min.

Immediate cause of death: Coronary occlusion 10 minutes
Due to Chronic myocarditis
Chronic nephritis
Due to

9. Birthplace Missouri
10. Usual occupation Retired Book Keeper
11. Industry or business
12. Name William H. Cole
13. Birthplace Kentucky
14. Maiden name Emily Gordon
15. Birthplace Pennsylvania

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

16. (a) Informant's own signature
(b) Address 3632 Dover Place
17. (a) Burial (b) Date thereof Nov 24 1939
(c) Place: burial or cremation New Pickers
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) NOV 24 1939 (b) J. F. Budeck

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Budeck (M. D.)
Address 2901 Cherokee St. St. Louis Date signed 11-24-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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. E. M. Baker
2904 - Pleasant St

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 Francis J. Owens
Licensed Embalmer No. 7745
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.