

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis *IL*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
714a Dover Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ELSIE COLE *400*

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

4. Sex Female **5. Color or** _____ **6. (a) Single, widowed, married,** _____
race White divorced Married

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
Alfred J. Cole alive 43 years

7. Birth date of deceased Oct. 24, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	6	23	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housework *0*

11. Industry or business at home

12. Name Arthur Tuerck *1*

13. Birthplace Illinois *0*
(City, town, or county) (State or foreign country)

14. Maiden name Rose Boettinger

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Cole

(b) Address 714a Dover Place

17. (a) Burial _____ **(b) Date thereof** 5-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) MAY 20 1940 **(b)** _____
(Date received local registration) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis *1*
(If outside city or town limits, write "RURAL")

(d) Street No. 714a Dover Place
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1940 hour _____ minute 11a. *m*

21. I hereby certify that I attended the deceased from MARCH 17
1938 to MAY 17, 1940
that I last saw her alive on MAY 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA
OF RECTUM AND CARCINOMATOSIS
OF GLUTEAL AND ENTIRE VAGINA

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: CARCINOMA OF RECTUM
MARCH 28 - 1938

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____ **(e) Means of injury** _____
(Specify type of place)

23. Signature J. B. Brudick (M. D. or other) *3*

Address 3507 Riverside **Date signed** 5/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Paul Engelman
3507 Potomac
Los 6892
2-3 P.M.
7-8-

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
P. O. Address..... *St Louis Mo.*

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.