

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15898 15898 ✓
State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 886

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town Wellston
(c) Name of hospital or institution 6313 Chatham Ave
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6313 Chatham Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur B. Cole
3. (b) If veteran, name war none
3. (c) Social Security No. 493-10-9037

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 23 day April
year 1941 hour 3:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1940
_____ 19: _____ to _____ 19: 41
that I last saw him alive on April 23
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife anna cole
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased march 20, 1884
(Month) (Day) (Year)

Immediate cause of death Cronary Heart disease
Hypertension
Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) HTN

8. AGE: Years Months Days If less than one day
57 1 3 _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Motorman

11. Industry or business ST. Louis Public Service Co

12. Name George B. Cole

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

14. Maiden name Margaret Masters

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

16. (a) Informant Mrs. A. B. Cole
(b) Address 6313 Chatham Ave

17. (a) Burial (b) Date thereof April 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Ave.
19. (a) APR 25 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

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?
_____ (Specify type of place) _____
While at work (e) Means of injury _____
23. Signature J. G. Grunet (M. D. or other) _____
Address 18901 Park Date signed 4/24/41

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

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 Ray 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, fact should be so stated above.