S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. N 19466

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5816

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4534 Garfield Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Elnore Cole
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nathaniel Cole
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 11th. 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	1	22	hr. min.

9. Birthplace Palestine (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Dudley Evans
13. Birthplace Unavailable (City, town, or county) (State or foreign country)
14. Maiden name Viola Edinburg
15. Birthplace Unavailable (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Nathaniel Cole
(b) Address 4534 Garfield Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Palestine, Arkansas
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis.
19. (a) JUL 8 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd. year 1942 hour 2:05 minute a. M.
21. I hereby certify that I attended the deceased from July 1 31, 19 to July 3rd. 19 42
that I last saw her alive on July 2nd. 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration 2 day
Due to Hypertension — 3 mo
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Cerebral apoplexy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. A. Young (M. D. or other)
Address 2316a Market St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.