

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4380 St. Louis Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

3. (e) PRINT FULL NAME Walter C Cole

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Josephine Cole 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 10 12 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Tex 1
(City, town, or county) (State or foreign country)

10. Usual occupation Store Keeper

11. Industry or business Owner

12. Name Nathan Cole
13. Birthplace Unknown Tex 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jessie Cole

(b) Address 4380 St. Louis Ave

17. (a) Removal (b) Date thereof 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lodi, Texas

18. (a) Signature of funeral director J. J. Smith

(b) Address 4247 E. Labadie

19. (a) OCT 21 1942 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis Mo 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4380 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 42 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Sept 15
1942 to Oct 17, 1942
that I last saw him alive on Oct 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration _____

Due to _____

Due to _____

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

Major findings: Chr. Cholecystitis
Of operations Non-calcification
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Budek (M. D. or other) _____

Address 23160 Parked Date signed 10/20/42

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

MOTHER FATHER

Embalmer's Reg. Certificate To be Filled

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.....

Licensed Embalmer No.....

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.