

**FILED JUN 24 1943**

Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (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 FLORENCE VALERIE COLE

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

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married  
 divorced Widowed

6. (b) Name of husband or wife Claude Cole 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov 21 1895  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>47</u>	<u>12</u>	<u>6</u>	<u>12</u>	hr. _____ min.

9. Birthplace Sullivan (City, town, or county) Mo (State or foreign country)

10. Usual occupation Hair wiper

11. Industry or business \_\_\_\_\_

12. Name Margaret Shover

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

14. Maiden name Emma Marsh

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

16. (a) Informant Margaret Cole

(b) Address 508 7/2 apterman Blvd

17. (a) Buried (b) Date thereof June 5 1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Paterson, Mo

18. (a) Signature of funeral director J. F. Bredenk  
 (b) Address Paterson Mo

19. (a) June 5 1943 (b) J. F. Bredenk  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St Louis  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route #2, Bonitana, Mo  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 3  
 year 1943 hour 11 minute 16 P. M.

21. I hereby certify that I attended the deceased from MAY 15, 1943, to JUNE 3, 1943;  
 that I last saw her alive on JUNE 3, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive cardiovascular disease Duration 6-7 yrs

Due to essential

Due to \_\_\_\_\_

Other conditions 1/2  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Malignant Hypertensive arteriosclerotic nephrosclerosis

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 M.C. Abney (M. D. or other) \_\_\_\_\_  
 Address BARNES HOSPITAL Date signed 6/3/43

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

5185

5185

10-11-45

1944

JUL 6 1944

OCT 22 1944

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.