

FILED JUN 4 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4596**

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:
Christian 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**

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

(d) Street No. **8505 Joseph Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Henry Arthur Cole**

3. (b) If veteran, name war.....

3. (c) Social Security No. **498-03-8403**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Lydia Cole**

6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **Aug. 8 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	9	7	hr. min.

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

10. Usual occupation..... **Carpenter**

11. Industry or business..... **Retired**

12. Name..... **Eleven Cole**

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

14. Maiden name..... **Nancy Cunningham**

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

16. (a) Informant..... **Lydia Cole**

(b) Address..... **8505 Joseph Ave.**

17. (a) **Burial** (b) Date thereof **5-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Hiram Cem.**

18. (a) Signature of funeral director..... **Drehmann-Rarral**

(b) Address..... **1905 Union Blvd.**

19. (a) **MAY 18 1943** (b) **J. Z. Budeck**
(Date of filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1943** hour **1** minute **20** P. M.

21. I hereby certify that I attended the deceased from **2-22-43**
to **5-15-43**, 19....., to **5-15-43**, 19.....;
that I last saw him alive on **5-15-43**, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardio vascular renal disease

Due to **left hemiplegia**

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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. C. ...** (M. D. or other) **M.D.**
Address..... **5074 N. Union** Date signed **5-17-43**

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

MOTHER FATHER

96
N.R.
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-12
5074
MCC. 1030

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..... *Warren A. Carver*

Licensed Embalmer No. *3534*

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.