

FILED MAR 20 1944

Registration District No. 318

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

State File No. \_\_\_\_\_

Registrar's No. 2311

1. PLACE OF DEATH:

(a) County 6954 Pernal  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6954 Pernal  
(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 ALANZO BYRON COLE

3. (b) If veteran; name war \_\_\_\_\_ 3. (c) Social Security No. 498-07-1759

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Ester 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: (Month) 7 (Day) 28 (Year) 1902

8. AGE: Years 41 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Keokuk Iowa (City, town, or county) (State or foreign country)

10. Usual occupation machinist

11. Industry or business Amesbury Branch

12. Name John Cole

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Katherine Meyer

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Father Cole-wife

(b) Address 6954 Pernal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: (Month) 3 (Day) 9 (Year) 1944

(c) Place: burial or cremation New St. Peter & Paul Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonia

(b) Address 6464 Chipmunk street

19. (a) MAR 9 1944 (Date received local registrar) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1005  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6954 Pernal  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-6-44 day \_\_\_\_\_ year \_\_\_\_\_ hour 405 minute P M.

21. I hereby certify that I attended the deceased from 2-12-44 to 3-6-44, 19\_\_\_\_; that I last saw him alive on 3-6-44, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Anginal  
peclans

Due to Hypertension

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? \_\_\_\_\_

Mortuary \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. F. Predeck (M. D. or other) \_\_\_\_\_

Address 3284 Verdun Date signed 3/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Louis C. Hoffmeister, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.**