

S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11001

State File No.

FILED MAR 20 1946
318

1003

Registrar's No.

2311

Registration District No.

Primary Registration District No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community
years, months or days

3. (a) PRINT FULL NAME William W. Cole
3. (b) If veteran, name war No 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May A. 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec 31 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 2 5 hr. min.

9. Birthplace St. Louis (City, town, or county) No (State or foreign country)

10. Usual occupation Underwriter

11. Industry or business General American

MOTHER FATHER
12. Name Wm F Cole
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Susie Alice Brewer
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edwin Brewer

(b) Address 4028 Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 9 46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4028 Hartford St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 5.45 PM minute..... M.

21. I hereby certify that I attended the deceased from March 6th 1946 to March 6th 1946
that I last saw him alive on March 6th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to.....
Due to.....

Other conditions Hyper-tension
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) No
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) M. D.
Address 1319 So. Broadway - St. Louis Mo signed 3-8-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9913

MAR 3 1946

(Licensed Embalmer's Statement on Reverse Side)

Dr Frank Memko

1319 So. Broadway

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.....

Edwin M. Stewart

Licensed Embalmer No..... *3024*

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.