

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2348

Registration District No. 318

Primary Registration District No.

1003

Registrar's No. 402

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Shirley Cole

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 22 1946
(Month) (Day) (Year)

8. AGE: Years X Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Shelly Cole
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Corene Clark
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Shelly Cole
(b) Address 2926 E. FRANKLIN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 14, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.
18. (a) Signature of funeral director F. A. GREEN
(b) Address 2946 FRANKLIN AVE
JAN 14 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2926 Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-2 1947, to 1-9 1947,
that I last saw her alive on Jan. 9 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lobar Pneumonia - Primary Duration Undet.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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) (a) Means of injury

23. Signature Theodore Blewins M. D. or other 1/11/47
Address 2601 N Whittier Date signed

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. *2963*

P. O. Address *2915 Franklin*

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.