

No. 2
12-45
17-39
X47070

FILED JUL 26 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks** (Specify whether
In this community **77 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **o ad**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2225 Indiana** **9**
23 (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES E. COLE**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Minnie Cole** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 28th, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 **3** **17** _____ hr. _____ min.

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

10. Usual occupation **Retired Errand Boy**

11. Industry or business **Preserving Company**

MOTHER FATHER

12. Name **William Cole**

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

14. Maiden name **Unknown Taylor**

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

16. (a) Informant **Miss Vera Kadell**

(b) Address **8 Armin Place, Webster Gro.**

17. (a) **Burial** (b) Date thereof **July 18, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery
Beiderwieden F. H. Inc.**

18. (a) Signature of funeral director _____
(b) Address **1936 St. Louis Avenue**

19. (a) **JUL 17 1947** (b) **J. F. Bradock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
year **1947** hour **3** minute **05** R. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Labor Pneumonia** Duration _____
2. Fracture of Ilium, when he walked through a barricade and fell from the retaining wall under construction by the Terminal Railroad track and fell 16 feet below to the roof of a building at 2664 Scott Ave. St. Louis, Mo. 3:00 P.M. June 25, 1947

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **June 25, 1947**
(c) Where did injury occur **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Work**

While at work? _____ (Specify type of place) (e) Means of injury **no dove**

23. Signature **Patrick E. Taylor** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **7-17-47**

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Glen W. Hab

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.