

No. 2  
12-45  
17-39  
X47070

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

FILED AUG 21 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7230**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1535 Cole St  
25 (If rural, give location)

(e) Citizen of foreign country? None (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Eddie Cole

3. (b) If veteran, name war None

3. (c) Social Security No. 494-03-8396

4. Sex Male 5. Color or race Colored

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Rene Yarbough

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

7. Birth date of deceased May 10 1915  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>3</u>	<u>0</u>	hr. min.

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

10. Usual occupation Porter

11. Industry or business None

MOTHER FATHER

12. Name Edd. Cole

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

14. Maiden name Fannie Smith

15. Birthplace Jackson, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jammy Cole

(b) Address 1535 Cole

17. (a) Burial (b) Date thereof 8-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director O. J. Nash

(b) Address 3847 Paul soul

19. (a) AUG 14 1947 (b) J. F. Bredbeck  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10  
year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 2 July 14 1947 to Aug. 10 1947.  
that I last saw h. in alive on August 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenal Ulcer Duration Undet.

Due to 117

Due to

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

Major findings:  
Of operations

Of autopsy Yes

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?

(Specify type of place)  
While at work (e) Means of injury 0

23. Signature J. M. Whittier (M. D. number)

Address 2601 N. Whittier Date signed 8/11/47

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.....

*Claudia M. Nash*

Registered Apprentice No. *424*

working under my personal supervision.

Signed *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page.*

**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.