FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24180
6117

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: St. Luke's Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 Grace Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES W. COLE
3. (b) If veteran, name war None
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 Ellen
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Mar. (Month) 18 (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer (Retired 10 Years)
11. Industry or business
FATHER
12. Name William Cole
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Caroline Christy
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Ellen E. Cole
(b) Address 4310 Grace Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUL 9 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7 year 1948 hour 2:05 minute P. M.
21. I hereby certify that I attended the deceased from May 11 1946 to July 7 1948 that I last saw him alive on 7-7- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — Duration 6 mos (?)
Due to
Due to Metastasis from ca. of Prostate
Other conditions Malnutrition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Metastasis in bones architecture, liver & lungs

PHYSICIAN
Underline the cause of 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
23. Signature Otto J. Wiebelin (M. D. or other)
Address Ero Clinic - Clay Date signed 7/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stoversand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.