

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 00355

6975

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>00355</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robt. Koch Hospital N</u>				d. STREET ADDRESS (If rural, give location) <u>2313 Dickson Street</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Leonard</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Cole</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4. 2. 94</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Co. Chipper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Casting Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee, Madison County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ben Cole</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Aydrott</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Cole (Maiden name Reid)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robt Koch Hosp. Records</u>		ADDRESS <u>Koch, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>13b</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9.3. 1948</u> , to <u>1.29, 1949</u> , that I last saw the deceased alive on <u>1.29, 1949</u> , and that death occurred at <u>4:00 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Beem, M.D. O</u>			23b. ADDRESS <u>Robt. Koch Hosp.</u>			23c. DATE SIGNED <u>1.30.49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/2/49</u>		REGISTRAR'S SIGNATURE <u>Therese V. Luning</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Roberts 1416 N. Taylor Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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10-48

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 \_\_\_\_\_

Student Embalmer No. 290

working under my personal supervision.

Signed James Carter  
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address W. Harris B.

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.