

S. No. 300
V. 10.48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21959

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3062</u>		Registrar's No. <u>1443</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Kirkwood, Missouri</u>		a. STATE <u>Ohio</u>		b. COUNTY <u>- -</u>	
c. LENGTH OF STAY (If in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cincinnati</u>		d. STREET ADDRESS (If rural, give location) <u>529 West 6th. Street</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital, Kirkwood, Mo.</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>ALFRED</u>	b. (Middle) <u>-</u>	c. (Last) <u>Cole</u>	(Month) <u>June</u>	(Day) <u>18</u>	(Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cobored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 21, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 11 HRS. <u>3</u> Days	IF UNDER 12 MIN. <u>0</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Str. Gordon C. Green</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Martha (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Wife: Mrs. Mary Cole</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-16-8433</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U.S. Marine Hospital, Kirkwood, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of gall bladder with bile peritonitis</u>					
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Carcinoma of head & body of pancreas</u>				unknown	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>469</u>					
19a. DATE OF OPERATION <u>6-1-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of head & body of pancreas Rupture of Gall bladder with bile peritonitis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X X X X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X X X</u>			
22. I hereby certify that I attended the deceased from <u>May 23, 1949</u> , to <u>June 18, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>12:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John S. Benam S. A. Surgeon</u>				23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood, Mo.</u>		23c. DATE SIGNED <u>6-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSONS</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>		
DATE REC'D BY LOCAL REG. <u>6-20-49</u>		REGISTRAR'S SIGNATURE <u>Thurid L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME, Inc.</u>			

G. M. Kunkel, Medical Director, Medical Officer in Charge
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edmond H. Remelius

Licensed Embalmer No. 42,83

P. O. Address St. Louis, Mo.

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.