

S. No. 300  
V. 10.48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35014

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>8884</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		17 6					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2945 Pine Street</b>				d. STREET ADDRESS (If rural, give location) <b>2/ 2945 Pine Street</b>							
3. NAME OF DECEASED (Type or Print) <b>Cornelia</b>			a. (First)	b. (Middle)	c. (Last) <b>Cole</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-13-1949</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 1, 1886</b>					
9. AGE (In years last birthday) <b>63</b>		# UNDER 1 YEAR Months <b>9</b> Days <b>12</b>		# UNDER 1 RES. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Sunflower, Miss.</b>					
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>Joseph Boone</b>		13b. MOTHER'S MAIDEN NAME <b>Susan</b>		14. NAME OF HUSBAND OR WIFE <b>?</b>				
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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Josephine McAlaster</b>			ADDRESS <b>4422 N. Market</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo-cardiopathy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Rheumatism &amp; Arthritis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <b>590</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7220</b>							
22. I hereby certify that I attended the deceased from <b>Oct 9, 1949</b> to <b>Oct 13, 1949</b> that I last saw the deceased alive on <b>Oct 12, 1949</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>J. H. Randle</b> (Degree or title) _____				23b. ADDRESS <b>1015 N. 2nd</b>				23c. DATE SIGNED <b>10-15-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-15-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Aberdeen, Miss.</b>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 16 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Jassler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b>				ADDRESS <b>3133 Bell Ave.</b>			

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

22-60576

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.

Student Embalmer No.....

Signed Arthur L. Heilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Germain

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.