

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10288
State File No. 2221

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis State Hospital</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 townable) <u>Solonia</u>		c. CITY (If outside corporate limits, write RURAL and give townable) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Solonia State Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6-5111² Wells</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u>	b. (Middle)	c. (Last) <u>COLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-29-1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John Nantz</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Coombs</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde C. Cole</u>
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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 <u>Clyde C. Cole</u>	ADDRESS <u>5111² Wells</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hyper-Parathyroidism ?</u>		
	DUE TO (c)		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>271 A</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 1 1949, to Mar. 6, 1950, that I last saw the deceased alive on Mar 6, 1950, and that death occurred at 5:05p m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Louis Brown, M.D.</u> (Degree or title)	23b. ADDRESS <u>5400 Arsenal St.</u>	23c. DATE SIGNED <u>3/7/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremated</u>	24b. DATE <u>Mar. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>BAR 8 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sarter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Solonia State Hospital</u>	ADDRESS <u>5400 Arsenal</u>
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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 _____

....., Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.