No. 300
10.48

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14143

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3581

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2229
d. STREET ADDRESS (If rural, give location) 2639 Bernard 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lucille
b. (Middle)
c. (Last) Cole

4. DATE OF DEATH (Month) (Day) (Year) April 14 1952

5. SEX 3 Female
6. COLOR OR RACE C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH October 25 1903
9. AGE (In years last birthday) 48 — If under 1 year: Months 5, Days 19, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (City and State or Foreign Country) Tupelo, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Rogers
13b. MOTHER'S MAIDEN NAME Ella Bramlett
14. NAME OF HUSBAND OR WIFE Freddie Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Freddie Cole — **ADDRESS** 2639 Bernard

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — Interval between onset and death: Undet.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Undetermined
DUE TO (c) Erythema

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Drug Reaction

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12 *19* 52, *to* 4-14, *19* 52, *that I last saw the deceased alive on* 4-14, *19* 52, *and that death occurred at* 3:49a *m., from the causes and on the date stated above.*

23a. SIGNATURE Edwin L. Harris (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 4-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/21/52
24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) (State) Lomax, Mo.

DATE REC'D BY LOCAL REG. APR 16 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Krance — **ADDRESS** 1221 N. Grand
(Licensed Embalmer's Statement on Reverse Side)

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

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 C Crooms

Licensed Embalmer No. 4755

P. O. Address 122 N Grand

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.