

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11386**
Registrar's No. **2443**

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 724 Aubert | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Cole | | | 4. DATE OF DEATH (Month) (Day) (Year) March 1 1953 |
| 5. SEX Male | 6. COLOR OR RACE Cal | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb 3 - 1903 |
| 9. AGE (In years last birthday) 49 | 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) laborer | 10b. KIND OF BUSINESS OR INDUSTRY unknown | 11. BIRTHPLACE (City and State or Foreign Country) Madison Cent. Tenn. |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Dan Cole | |
| 13b. MOTHER'S MAIDEN NAME Lillie Wilton | | 14. NAME OF HUSBAND OR WIFE Lena Cole | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. 497.073746 | 17. INFORMANT'S SIGNATURE OR NAME Lena Cole | |
| 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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) 11. 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"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH Undet. | |
| 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? 162X | |
| 22. I hereby certify that I attended the deceased from 1-29 , 19 53 , to 3-1 , 19 53 , that I last saw the deceased alive on 3-1 , 19 53 , and that death occurred at 8:10am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Edna E. Brooks (Degree or title) M. D. | | 23b. ADDRESS 2601 N Whittier St | |
| 23c. DATE SIGNED 3-2-53 | | 24. LOCATION (City, town, or county) (State) St Louis County Mo | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-7-53 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St Louis County Mo |
| DATE REC'D BY LOCAL REG. MAR 4 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE AD Richardson | |
| ADDRESS 2625 Glasgow | | ADDRESS | |

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 A. P. Richardson

Licensed Embalmer No. 2928

P. O. Address 425 Glasgow

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.