

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11388**  
**2137**

No. 300  
10-48

FILED MAR 18 1953 BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Missouri. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5, 4452	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Pacific Hospital.		d. STREET ADDRESS (If rural, give location) #37 Ridgemoor Drive, 1	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS	b. (Middle) J	c. (Last) COLE.	4. DATE OF DEATH (Month) (Day) (Year) Feb'y 23, 1953.
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5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Jan. 19, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney for Missouri	10b. KIND OF BUSINESS OR INDUSTRY Pacific R. R.	11. BIRTHPLACE (State or foreign country) Lamar, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John B. Cole	13b. MOTHER'S MAIDEN NAME Elizabeth Musgrove	14. NAME OF HUSBAND OR WIFE Jaley Stone Cole.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs T. J. Cole.	ADDRESS #37 Ridgemoor Dr, Clayton.
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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) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 4 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) New years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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? 4201
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22. I hereby certify that I attended the deceased from June 10<sup>th</sup> 1940, to Feb 23, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 2:30a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 607 No. Droul	23c. DATE SIGNED 2-24
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE 2/25/53.	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery..	24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri.
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DATE REC'D BY LOCAL REG. FEB 24 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, 7233 Delmar Blv'd.,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File - 3 - 5 P.M.

**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 Clarence A. Murray

Licensed Embalmer No. 4011

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.