

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44133**
Registrar's No. **11759**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO 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 2 219	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S INFIRMARY		d. STREET ADDRESS (If rural, give location) 2312 Chestnut St.	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) c. (Last) COLE		4. DATE OF DEATH (Month) (Day) (Year) 12-8-53	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-29-94
9. AGE (In years last birthday) 59		# UNDER 1 YEAR Months	# UNDER 1 Mth. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	11. BIRTHPLACE (City and State or Foreign Country) NASHVILLE TENN.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME J.C. COLE	
13b. MOTHER'S MAIDEN NAME SUSIE UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME MR. CARL M. GLASS		ADDRESS 2312 Chestnut	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Nephrosclerosis 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 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)	
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? 446X		22. I hereby certify that I attended the deceased from Jan 1, 1953 , to 12/8, 1953 , that I last saw the deceased alive on 12-8- , 1953, and that death occurred at 5 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter A. Greener MD		23b. ADDRESS 2337 Market St.	
23c. DATE SIGNED 12-12-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 12-14-53		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	
24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO		25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love	
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE Carl Smith MD	
ADDRESS 3103 Washington		(Licensed Embalmer's Statement on Reverse Side)	

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.