

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037687
STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9907

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b 3 Days	d. STREET ADDRESS (If outside, give location) 4915 Argyle Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jhonce Herbert Cole			4. DATE OF DEATH Month Day Year 10-14-58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-10-94	9. AGE (In years at birth) 64	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auto Dealer		10b. KIND OF BUSINESS OR INDUSTRY Automobile Sales	11. BIRTHPLACE (City and state or country) Desloge, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richmond Cole		13b. MOTHER'S MAIDEN NAME Josephine Lindsey		14. NAME OF HUSBAND OR WIFE Irene Smith Cole	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-05-8815	17. INFORMANT Address Irene Cole 4915 Argyle Ave. St. Louis, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mesenteric gastric hemorrhage</i> DUE TO (b) <i>Malabsorption syndrome</i> DUE TO (c) <i>Chronic recurrent pancreatitis 587-1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis circulo vasculer disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i> <i>3 yrs</i> <i>10 yrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>March 1947</i> to <i>14 Oct 58</i> and last saw him alive on <i>14 Oct 58</i> Death occurred at <i>8:45 AM 14 Oct 58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph A. Judy M.D.</i>			22b. ADDRESS 111 Church St. Ferguson, Mo.		22c. DATE SIGNED 10/16/58
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-58	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		23d. LOCATION (City, town, or country) (State) Doe Run, Missouri	
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd.		25. DATE RECD. BY LOCAL REG. OCT 16 58		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Every cause, even minor one, should be mentioned in Part I. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Herbert J. Lane Jr.*

Licensed Embalmer No. *4200*

P. O. Address *Richwood 22*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.