

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014818
STATE FILE NUMBER

2 2819

MAY 1 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL GLENNON</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>4446 PAGE BLVD.</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rhonda</u> Middle <u>MARIA</u> Last <u>Cole</u>			4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>59</u>
5. SEX <u>Female</u> 3	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 29, 1955</u> 3 IF UNDER 1 YEAR last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
13. FATHER'S NAME <u>RONALD COLE</u>		14. MOTHER'S MAIDEN NAME <u>MARY HARRIS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Mary Cole 4446 Page</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>Tetralogy of Fallot. Interventricular septal defect</u> DUE TO (c) <u>CONGENITAL HEART DISEASE (CYANOTIC TYPE)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>HEART BLOCK - POSTOPERATIVE.</u> 754.0			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u> <u>3 1/2 yrs</u>
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 _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>March 12, 1959</u> and last saw her alive on <u>March 17, 1959</u> Death occurred at <u>6:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE (In full name) <u>C. Rollins Haulen M.D.</u>		22b. ADDRESS <u>1325 S. GRAND BLVD ST. LOUIS 4</u>	22c. DATE SIGNED <u>3/18/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>3/20/59</u>	<u>Washington Park Cem.</u>	<u>BROWN Rd. City Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>English Und. Co., 1123 N. Taylor</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 19 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mrc

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. *H. B. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *45750*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.