

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2590 - 62-007896  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2590

AMENDED

FILED MAR 15 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST Louis</i>		c. CITY OR TOWN <i>ST Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer Phully Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>1316 Biddle</i>	

3. NAME OF DECEASED (Type or print) First <i>FELTON</i> Middle Last <i>COLE</i>			4. DATE OF DEATH Month <i>March</i> Day <i>6</i> Year <i>1962</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/10/1951</i>	9. AGE (last birthday) <i>10</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>ST Louis Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>Jos Giles</i>		13b. MOTHER'S MAIDEN NAME <i>Maryne Cole</i>	
14. NAME OF HUSBAND OR WIFE <i>MAXINE COLE</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give date or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Maryne Cole 1316 Biddle</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Thymus gland with status Lymphaticus.*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *273x*

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at *5:15 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Paul J. Simon Deputy Coroner</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>3/7/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
<i>REMOVAL</i>	<i>12 MAR 1962</i>	<i>Washington Park</i>	<i>ST LOUIS MO</i>	
24. FUNERAL DIRECTOR <i>RELIABLE FUNERAL Svs 1389 Union</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 7 1962</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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

*Clarence Crooms*

Licensed Embalmer No.

*4755*

P. O. Address

*1389 Union*

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.