WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 23 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24294

File No.
Registered No. 187

1. PLACE OF DEATH
County St. Louis
Township Central
City Pine-Lawn (No. 3718 Jennings rd. St. Ward)
Pine Lawn Hospital.

Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME Francis Colgrave
(a) Residence, No. 310 Marguerite Ave. St., Ward.
(Usual place of abode) Ferguson, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ogaretta Colgrave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/4/1893

7. AGE: Years 42 | Months 6 | Days 16 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Von Hoffmann Press
10. Date deceased last worked at this occupation (month and year): May 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER
13. NAME: Charles Colgrave
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Ellen Nolan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Ogaretta Colgrave, 310 Marguerite Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE July 22, 1935

19. UNDERTAKER (ADDRESS): Wm M Schumaker, 4834 Nat Bridge

20. FILED 7-20-, 1935 Ida Boehner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/20/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934 to 7/20/1935, 19
I last saw him alive on 7/20/1935, 19. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. lead poisoning causing pernicious anemia, destroying all blood cells, blood platelets and hemoglobin. Chr. hypertension, generalized arterio-sclerosis, profuse and protracted hematuria.	

Other contributory causes of importance:
Generalized edema thruout the extremities, face and chest, caused by lessened hemic viscosity.

OVER

Name of operation Date of
What test confirmed diagnosis? cli. and lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B Tinnor, M. D.
(Address) 3718 Jennings Rd.
7/20/35

Cerebral delirium caused by anemia of the brain and hypertension.

Secondary; Cerebral edema, pulmonary edema, generalized edema thruout extremeties, protracted hematuria causing blood depletion, uremia and acidosis.