REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37243
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 2 1008
(b) Township ..... Primary Registration District No. 1 Registered No. 9570
(c) City St Louis Mo (d) Street No. 1360 Arlington Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 415 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reggie Colvin
(a) Residence, No. 1360 Arlington Ave St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (Female) 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1852
7. AGE Years 86 Months 8 Days 22 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

FATHER
13. NAME James Colvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

MOTHER
15. MAIDEN NAME Mary Smilley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

17. INFORMANT Mrs. Ne Lamy
(ADDRESS) 1360 Arlington Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Nov. 4 1938
19. FUNERAL DIRECTOR (NAME) J. J. Linn
(ADDRESS) 1339 Union Blvd
20. FILED NOV. 3 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1938
22. I HEREBY CERTIFY, That I attended deceased from very year 1937, to Nov. 2 1938
I last saw him alive on Nov. 1 1938 Death is said to have occurred on the date stated above, at 2-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	

Other contributory causes of Importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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? No
If so, specify
(Signed) D. R. Purman, M. D.
(Address) 3903 Olive

Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106 Botan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.