

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

8639
 Do not use this space.

2404

REC'D APR 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St Louis (d) Street No. St Lukes Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

416 ELLA COLFER
 (a) Residence, No. 5660 KINGSBURY St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) APRIL 1, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SCHOOL TEACHER
 9. Industry or business in which work was done, as saw mill, bank, etc. PUBLIC SCHOOLS
 10. Date deceased last worked at this occupation (month and year) 1-19 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

FATHER 13. NAME ANDREW COLFER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME CATHERINE FLYNN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT EMILY COLFER
 (ADDRESS) 4515 MARYLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 3-14 1939

19. FUNERAL DIRECTOR (NAME) Cullen & Kelly
 (ADDRESS) 1416 E. Taylor Ave

20. FILED MAR 13 1939 J.D. Braden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1939, to Mar 11, 1939
 I last saw her alive on Mar 11, 1939. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Peritonitis
(Intestinal perforation)
Hernia - femoral R.H.
incarcerated

Date of onset 3-10-39

Other contributory causes of importance:
Sensitivity
malnutrition

Name of operation Yes Peritonectomy Date 3-4-39
 What test confirmed diagnosis? Peritonitis Was there an autopsy? Yes

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) J.R. Laughery M. D.
 (Address) 634 No Grand

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 *Mark Tiernon*

Registered Apprentice No. *174*, working under my personal supervision.

Signed *E. Vincent McManuf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis,*

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