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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37549

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9822

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: FILED DEC 11 1940

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 19
(If outside city or town limits write "RURAL")

(d) Street No. 511 N. Whittier St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Colgan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Edith Colgan

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 22, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	6	hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Hardware 5

FATHER
12. Name Andrew Colgan 5
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bridget Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John H. Colgan
(b) Address 511 N. Whittier St.

17. (a) Burial (b) Date thereof 12-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) NOV 30 1940 (b) J. F. Bradrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1940 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from November 20, 1940 to November 28, 1940; that I last saw him alive on November 28, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephrosclerosis	1 year
Due to Generalized Arteriosclerosis	10 years
Due to	
Other conditions Arteriosclerotic Heart Disease (Include pregnancy within 3 months of death)	5 years

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Roger Wm Howell (M. D. or other)
Address 1515 Lafayette Date signed 11-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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.