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CU MAR 25 1941 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1838

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months 3 Da.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rufus Colman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-12-360

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Colman 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 17, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 7 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Self

12. Name Samuel J. Colman

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Frances Vickery

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Colman

(b) Address 2842 S. Broadway

17. (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Lake Charles

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 26 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
19
9
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2842 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th,
3 year 1941 hour 12 minute 05 P.A.M.

21. I hereby certify that I attended the deceased from 9/21/40
19____ to 2/24/41 19____

that I last saw h im alive on 2/24/41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Bredeck (M. D. or other) D.

Address 1515 Lafayette Date signed 2/24/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Thomas Eynok

Licensed Embalmer No.

1284

P. O. Address.....

St Louis Mo

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, fact should be so stated above.