

No. 2  
-1-4-41  
5-17-39  
I - X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

L. Ger. Fister  
26008  
State File No.  
Registrar's No. 127

FILED AUG 25 1941

Registration District No. 757

Primary Registration District No. 3036

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution Three Weeks  
(Specify whether  
In this community...  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 529 Morgan St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nisam Jefferson Colter  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 6  
year 1941 hour 6 minute 20 A. M.

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased October 31 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
May 13 1941 to July 6 1941;  
that I last saw him alive on July 5 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 8 5 hr. min.

Immediate cause of death broncho-pneumonia Duration 10 days

9. Birthplace New Haven, Conn.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 1 bronchiectasis 1 year  
(Includes pregnancy within 3 months of death) 2 full pneumonia 1 year  
PHYSICIAN

10. Usual occupation Hardnet

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name William Colter  
13. Birthplace Franklin County  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Schockmann  
15. Birthplace Franklin County  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: No  
(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?

16. (a) Informant Mrs. John Hill  
(b) Address 528 Tompkins, St. Charles, Mo.  
17. (a) Burial (b) Date thereof July 9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Etchah, Cem. New Haven

(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature George Fister (M. D. or other) MD  
Address St. Charles, Mo. Date signed 7/7/41

18. (a) Signature of funeral director H.C. Dallmeier & Sons Co.  
(b) Address 800 N. Second, St. Charles, Mo.  
19. (a) 7-8-41 (b) Clarence B. Fessler  
(Date received local registrar) (Registrar's signature)

**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 *John E. Hallmeyer*  
Licensed Embalmer No. *2957*  
P. O. Address *St Charles 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.**