

FILED JAN 24 1942 791

State File No. _____
Registrar's No. 9647

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(c) Name of hospital or institution:
ST. LOUIS. ALTENHEIM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 YRS.**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5408 S. BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **KATE COLFORD**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 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 **AUG. 7 - 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **MONTGOMERY ALABAMA.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK.**

11. Industry or business _____

12. Name **UNKNOWN**
13. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Howr**
(b) Address **5408 S. BROADWAY**

17. (a) **BURIAL** (b) Date thereof **DEC 6 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELLEFONTAIN CEM.**

18. (a) Signature of funeral director **J. P. Smolch**
(b) Address **7128 MICHIGAN. AV.**

19. (a) **DEC 5 1941** (b) **J. F. Burack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **4**
year **1941** hour **7** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **March 15**
19**35** to **Dec 4** 19**41**
that I last saw her alive on **Dec 4** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **2 wks.**

Due to **arteriosclerosis** ?

Due to **arteritis deformans** ?

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**
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 **None**
(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 **My Starbuck** (M. D. or other) **MD**
Address **512 Duane St** Date signed **12/4/41**

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

MOTHER FATHER

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.....

P. O. Address.....

J. P. Fender
925
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, fact should be so stated above.