

No. 2 -  
1-4-41  
-17-39  
X28390

JAN 24 1942

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10043

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Enroute to City Hosp.  
(If not in hospital or institution, write street number or location) None  
(d) Length of stay: In hospital or institution None  
In this community 15 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 23  
(d) Street No. 1231 a Allen Market Lane (If rural, give location) 0  
(e) Citizen of foreign country? none (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lois Colvin

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Clarence Colvin (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan. 15, 1910  
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Clay Stacy

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

14. Maiden name Willie Bryant

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

16. (a) Informant Clarence Colvin

(b) Address 203 3rd Ave. Peoria Ill.

17. (a) Burial (b) Date thereof 12-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2317 Lafayette Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
year 1941 hour 7 minutes 05 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebellar Apoplexy in the fourth ventricle and Chronic Interstitial nephritis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e). Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Peoria Ill Date signed 12/19/41

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

**STATEMENT BY LICENSED EMBALMER**

EMT

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 RP Daaper  
Licensed Embalmer No. 9633  
P. O. Address 2317 Lafayette

**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.**