

FILED OCT 13 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Helen Joan Colbert

3. (b) If veteran, name war No. 3. (c) Social Security 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 July 12, 1905  
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Bookkeeper

11. Industry or business Meadows Bros. clothiers

MOTHER FATHER

12. Name Wm. J. Colbert

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

14. Maiden name Phoebe Rogers

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

16. (a) Informant Harold R. Colbert

(b) Address 7514 Buckingham drive

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Creston, Iowa

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) OCT 1 1943 (Date received local registrar) (b) J. Bradley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County \_\_\_\_\_  
(c) City or town Creston (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1943 hour 4:50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept 19 1943, to Oct 1 1943; that I last saw her alive on Oct 1 1943; and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN ABSCESS Duration \_\_\_\_\_

Due to EMPHYEMA THORACIS

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

Of autopsy confirmed diagnosis

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 J. Bradley (M. D. or \_\_\_\_\_)  
Address BARNES HOSPITAL Date signed 10/1/43

FEB 2 8 1944

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**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..... *J. Bluff* .....  
Licensed Embalmer No..... *1994* .....  
P. O. Address.....

**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.**