

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2067

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

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town St. Louis, Saint Ferdinand  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Villa Kean Convent  
(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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sister Mary Orlanda Colbach

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F. 5. Color or race W 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 27 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 15 hr. min.

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

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

12. Name J. B. Colbach

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

14. Maiden name Mary B. Colbach

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

16. (a) Informant Sister Mary Philomene

(b) Address Villa Kean - R. 3 - Box 513  
BURIAL

17. (a) \_\_\_\_\_ (b) Date thereof Sept. 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Villa Kean Cemetery  
C. Hoffmeister & Co

18. (a) Signature of funeral director E. J. Mc Gowan

(b) Address 7814 S. Beverly

19. (a) SEP 15 1943 (b) E. J. Mc Gowan  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept day 12  
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9-8-43 1943 to 9-12-43 1943;  
that I last saw her alive on 9-12-43 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to arterio sclerosis of  
hypertension

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

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

Major findings: \_\_\_\_\_

Of operations 8301

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) \_\_\_\_\_ (Means of injury)

23. Signature Albert J. Decker (M. D. or other) \_\_\_\_\_  
Address 5014 Maple Date signed 9-13-43

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*Linus C. Hoffmeister*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3471*

P. O. Address *7814 S. Broadway*

**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.**