V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43649

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2831

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Johns. Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8732 Caroline Ave.
(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: 96
(a) State Missouri (b) County St. Louis. 0
(c) City or town St. Johns Station. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8732 Caroline Street.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Philmon Colonius.
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Sophia Colonius.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. (Month) 30 (Day) 1893 (Year)

8. AGE: Years 50 Months 2 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Retired Foundry Prop.
11. Industry or business
FATHER
12. Name Otto F. D. Colonius.
13. Birthplace Don't Know. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Agnes Knorn.
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs Sophia A. Colonius.
(b) Address 8732 Caroline Avenue.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Ave. St. Louis, Mo.
19. (a) DEC 20 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 17, year 1943 hour 3 minute 30 p.M.
21. I hereby certify that I attended the deceased from Aug 1st, 1943 to Dec 17, 1943 that I last saw him alive on Dec 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	3 days
Due to Scleroderma	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93a
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature N. A. Schumacher (M. D. or other)
Address 8816 St Charles Rd Date signed Dec 18-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schumacher
8816 St. Charles Rd

AUG 7 1945

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, 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.