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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 6 1944**  
Registration District No. **818**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. **4994**  
Registrar's No. **1877**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis - Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5352 Reber Place.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5352 Reber Place.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Colombo  
(b) If veteran, name war No  
(c) Social Security No. 489-01-8111

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Amilia Lamperti 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased February 16 - 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 0 7 hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country) 5  
10. Usual occupation Clay Worker

11. Industry or business  
12. Name Eugene Colombo  
13. Birthplace Italy (City, town, or county) (State or foreign country) 5  
14. Maiden name Giovannina Forno  
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs. Amilia Colombo  
(b) Address 5352 Reber St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul Cemetery

18. (a) Signature of funeral director Paul J. Calcutt  
(b) Address 5142 Daggott Avenue

19. (a) FEB 25 1944 (Date received local report) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 23 year 1944 hour 11 minute 0 M.  
21. I hereby certify that I attended the deceased from 12/1 1943 to 2/23 1944  
that I last saw him alive on 2/23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day  
Due to Myocardial infarction 3 mo.  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 92  
Major findings: Of operations.....  
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?.....

23. Signature J. F. Mulligan (M. D. or other) MD  
Address 2608 S. Kerckhoff Quay Date signed 2/23/44

RECORD INK-MAKE A PERMANENT RECORD

**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.....

*Saul C. Calcaterra*

Licensed Embalmer No.....

*2376*

P. O. Address.....

*5142 Daggett*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**