

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 20 1944
306

Registration District No. _____

Primary Registration District No. 6048

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town O'Fallon *N. Washington*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Walter Hunn Residence
(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 Missouri (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Barton Colgan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Eleanor Colgan 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 18 hr. min.

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

10. Usual occupation Dealer in Produce

11. Industry or business Retail

12. Name Robert Colgan

13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Mercier

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

16. (a) Informant Eleanor Colgan

(b) Address Florissant, Missouri

17. (a) Burial (b) Date thereof 2/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand, Cent.

18. (a) Signature of funeral director J. S. Schulte

(b) Address Ferguson, Missouri

19. (a) FEB 24 1944 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1944 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from Coroners Viewing of Body
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chr. Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no 94a
Of operations _____
Of autopsy no

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 A. Perich Schult (M. D. or other) _____
Address St. Charles Mo. Date signed 2/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

County Registrar

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-17-44

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 L. M. Skulte
Licensed Embalmer No. 3972
P. O. Address Jergman, 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.