

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31639
8395

Registration District No. 318 Primary Registration District No. 1003 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: St. Lukes Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(d) Street No. 8330 Hord Ave
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Amanda S. Colbert
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late bert Colbert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 31 1873

8. AGE: Years 72 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
10. Usual occupation Housework

MOTHER FATHER

11. Industry or business _____
12. Name James Lemmon
13. Birthplace Virginia
14. Maiden name Susan Jennings
15. Birthplace Virginia

16. (a) Informant Lucille Cowles
(b) Address 8330 Hord Ave Jennings
17. (a) Burial (b) Date thereof Oct 2 1946
(c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Calvin F. Feutz
(b) SEP 30 1946 4828 Nat Bridge Blvd
19. (a) J. F. Brudeck (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 9/29/46 19____ to 9/30/46 19____
that I last saw h. ea. alive on 9/29/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Decumbentia
Due to Ch. Myocarditis
Other conditions Pericardial Disease
Major findings: Of operations _____
Of autopsy _____

Duration 2 1/2 hrs.
6 yrs.
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Robert W. Crossland (M. D. or other)
Address 4943 Nat. Bridge Date signed 9/30/46

WRITE PLAINLY—USE UNFADING BLACK 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

John A. Melnar *

Licensed Embalmer No. 4186

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.