No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35607

FILED NOV 3 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 9828

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 200
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location) 0
13
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME COLANDER, HERMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 15, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	7	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name Christ Colander
13. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Miller
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ New St. Marcus

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) OCT 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1947 hour 6:00 minute a.m. M.

21. I hereby certify that I attended the deceased from July 2, 1945, 19, to Oct. 22, 1947, 19; that I last saw him alive on Oct. 22, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure—about	1 Hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Palmer Benson Bowdish (M. D. ~~or other~~)
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood 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.