

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14417**
Registrar's No. **296**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6074		Registrar's No. 296	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Brks. Mo.		c. LENGTH OF STAY (In this place) 13 Days		c. CITY (If outside corporate limits, write RURAL and give township) Collinsville		999	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital				d. STREET ADDRESS (If rural, give location) RR #1, Lebanon Road			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle)		c. (Last) COLOMBARA		4. DATE OF DEATH (Month) (Day) (Year) April 1 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 26, 1889	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 6 Days 6		IF UNDER 24 HRS. Hours 6 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Turine Italy		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dominick Colombara		13b. MOTHER'S MAIDEN NAME Theresa Fasero		14. NAME OF HUSBAND OR WIFE Fannie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World-I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene F. Nolan, Registrar Vet. Adm. Hosp. Jefferson Barracks, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR -----			
22. I hereby certify that I attended the deceased from March 19, 1949 , to April 1, 1949 , that I last saw the deceased alive on April 1, 1949 , and that death occurred at 8:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. Stilwell, M.D. Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.		23c. DATE SIGNED 4/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/2/49		24c. NAME OF CEMETERY OR CREMATORY SS Peter-Paul		24d. LOCATION (City, town, or county) (State) Collinsville, Ills.	
DATE REC'D BY LOCAL REG. 4-2-49		REGISTRAR'S SIGNATURE Shirley [Signature]		25. GENERAL DIRECTOR'S SIGNATURE Geo. M. Schroepfel		ADDRESS Schroepfel Und. Co. Collinsville, Ill.	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Geo. M. Schuppel

Signed _____
Student Embalmer

Licensed Embalmer No. *15798*

P. O. Address *Baltimore, Md.*

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.