

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28841

28841

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2258</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>1 1/4 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>		<u>4524</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2115 Berkley</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Colclazier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 21, 1906</u>		
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR <u>11</u> Months <u>4</u> Days		IF UNDER 24 HRS. <u>4</u> Hours <u>11</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ins. Agent</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Wm. Colclazier</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stroecker</u>		
14. NAME OF HUSBAND OR WIFE <u>Lucille Colclazier</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>493-07-6592</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Colclazier</u>				ADDRESS <u>2115 Berkley</u>				
MEDICAL CERTIFICATION								
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>4200</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>8-25</u> , 19 <u>50</u> , to <u>8-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>50</u> , and that death occurred at <u>5:20</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R.P. Cable</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>601 Brentwood, Clayton</u>		23c. DATE SIGNED <u>8-25-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>		ADDRESS <u>7456 Manchester Maplewood, Mo.</u>		

(Licensed Embalmer's Seal on Reverse Side)

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

SEP 7 9 13 AM

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert T. Supter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4590*

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.