

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34933

FILED NOV 2 1951

1003

State File No.
Registrar's No. 9090

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. <u>9090</u>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____									
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		2139							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2313 MARCONI</u>				d. STREET ADDRESS <u>2313 Marconi St</u> (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Colombo</u>			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-51</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 27, 1883</u>		9. AGE (In years last birthday) <u>67</u>		If UNDER 1 YEAR: Months _____ Days _____		If UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Carlo Colombo</u>				13b. MOTHER'S MAIDEN NAME <u>MARIA UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>ALBINA</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBINA COLOMBO, 2313 MARCONI</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>								INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input 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? <u>151X</u>									
22. I hereby certify that I attended the deceased from <u>9-14, 1951</u> , to <u>10-13, 1951</u> , that I last saw the deceased alive on <u>10-13, 1951</u> , and that death occurred at <u>10¹⁵ p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Charles Montani MD</u>				23b. ADDRESS <u>5147 Daggett Ave</u>				23c. DATE SIGNED <u>10-15-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., MO</u>							
DATE REC'D BY LOCAL REG. <u>OCT 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PAUL Q. CALCATERRA, 5140 DAGGETT</u>							

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.