

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2675

State File No. 307 0307

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) _____ OR TOWN _____			
b. CITY (If outside corporate limits, write RURAL and give township) _____ OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____ OR TOWN Lemay			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) R.R. 11 Box 695a			
3. NAME OF DECEASED (Type or Print)		a. (First) ANGELO		b. (Middle) H.		c. (Last) COLOMBO	
4. DATE OF DEATH		(Month) Jan.		(Day) 10		(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep't. 4, 1923		9. AGE (In years last birthday) 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-Rawlings		10b. KIND OF BUSINESS OR INDUSTRY Sptg. Goods Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Benjamin Colombo		13b. MOTHER'S MAIDEN NAME Frieda Burkhardt		14. NAME OF HUSBAND OR WIFE Anna May Colombo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-18-6130		17. INFORMANT'S SIGNATURE OR NAME Anna M. Colombo ADDRESS RR 11 Box 695a			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* GIANT CELL LYMPHOSARCOMA OF THE CERVICAL LYMPHNODES ANTECEDENT CAUSES Morbid 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 14 Mo's	
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 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) _____		21f. HOW DID INJURY OCCUR 2001.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct. 30, 1951 , to Jan. 10, 1952 ; that I last saw the deceased alive on Jan. 10, 1952 , and that death occurred at 9:45 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Robert E. Koch (Degree or title) M.D.		23b. ADDRESS 35 N. Central, Clayton		23c. DATE SIGNED 1.11.52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.					

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

FEB 25 1952

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.