

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17862

4262

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u>		<u>4517</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess</u>				d. STREET ADDRESS (If rural, give location) <u>414 Newport Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DUANE</u> b. (Middle) <u>CAMPBELL</u> c. (Last) <u>COLMEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-5-1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec-10-1893</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 1 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chicago Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James E Colmey</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Grosvenor</u>		14. NAME OF HUSBAND OR WIFE <u>Mary J Colmey</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) <u>World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Colmey</u> ADDRESS <u>414 Newport</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Carcinomatosis</u>		DU TO (b) <u>Carcinoma of the Stomach</u>					<u>4 Ho.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DU TO (c) _____					<u>8 Ho.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____					_____
19a. DATE OF OPERATION <u>4/15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Carcinomatosis ducto Carcinoma of stomach</u>				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) _____ m. _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>137X</u>					
22. I hereby certify that I attended the deceased from <u>4/15</u> , 19 <u>52</u> , to <u>5/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>52</u> , and that death occurred at <u>1230 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Emmett T Houston, M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>5/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Robinson Ill.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>F. Boone Webster Groves Mo.</u>		ADDRESS _____	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wakarusa Grove

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.