

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40086

State File No. _____

Registrar's No. **10376**

FILED DEC 5 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 10376			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			c. LENGTH OF STAY (in this place) 2 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood Mo			2 1003		
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 145 Gerard Place							
3. NAME OF DECEASED (Type or Print) a. (First) Louisa			b. (Middle) _____			c. (Last) Colombo			4. DATE OF DEATH (Month) (Day) (Year) 11 10 1952		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 11-29-1875		9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? yes		
13a. FATHER'S NAME Christ Weise			13b. MOTHER'S MAIDEN NAME Sophia (unknown)			14. NAME OF HUSBAND OR WIFE Bart Colombo					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Esther B Spesr ADDRESS 145 Gerard Pl Kirkwood, 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.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 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.						INTERVAL BETWEEN ONSET AND DEATH 6 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331x									
22. I hereby certify that I attended the deceased from Nov 3, 1952 , to Nov 10, 1952 , that I last saw the deceased alive on Nov 10, 1952 , and that death occurred at 11:20p m. , from the causes and on the date stated above.											
23a. SIGNATURE Jerry G. Matthews M.D. (Degree or title)				23b. ADDRESS 3707 Watson Rd.			23c. DATE SIGNED 11-11-52				
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 11-13-1952		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Missouri					
DATE REC'D BY LOCAL REG. NOV 12 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER ADDRESS 6464 Chippewa St. St. Louis, Missouri						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Dr J Matthews
3707 Watson Road

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

Harry J. Schumaker

Licensed Embalmer No. 2679

P. O. Address 7814 T. Boulevard

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.