

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

State File No. **44766**  
Registrar's No. **11770**

FILED JAN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>17-days</b>		d. STREET ADDRESS (If rural, give location) <b>1052 Hampton Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22, 1952</b>	
3. NAME OF DECEASED a. (First) <b>Maria</b> (Type or Print)		b. (Middle) <b>Colombo</b> c. (Last)	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Sept. 21, 1894</b>
9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>58</b> <b>3</b> <b>1</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>Carlo Carnaghi</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mr. Antonia Colombo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Antonio Colombo, 1052 Hampton Ave.</b>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension + previous Cerebral Hemorrhage</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 <b>17 days</b> <b>6 yrs</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>331X</b>	
22. I hereby certify that I attended the deceased from <b>Nov 18, 1946</b> , to <b>12-22, 1952</b> , that I last saw the deceased alive on <b>12-21, 1952</b> , and that death occurred at <b>1 a.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Victor S. Schuman</b>		23b. ADDRESS <b>M.D. 3720 Washington Blvd</b>	
23c. DATE SIGNED <b>12-22-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Dec. 24, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter J. Donnelly</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>3840 Lindell Blvd.</b>		DATE REC'D BY LOCAL REG. <b>DEC 22 1952</b>	
REGISTRAR'S SIGNATURE <b>Charles Smith</b>		26. (Licensed Embalmer's Statement on Reverse Side)	

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

No. 300  
10.48

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 Francis Williamson

Licensed Embalmer No. 3565

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.