

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37101

FILED OCT 29 1953

State File No.

318

1003

9963

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, Ill.</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>#735 North 13th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) <u>Colwell</u> c. (Last) <u>....</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>March 9th 1880</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Henry Semon</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Young</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. A. Colwell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>#490-26-8657</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene D. ...</u> ADDRESS <u>5414 ...</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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 <u>11 mo.</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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>163X</u>	

22. I hereby certify that I attended the deceased from Nov 1953 to 10-17, 1953 that I last saw the deceased alive on 10-14, 1953, and that death occurred at 2 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Michael ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>817 Olive St. Louis</u>		23c. DATE SIGNED <u>10-19-53</u>	
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walhalla Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair - Ill.</u>	
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DATE REC'D BY LOCAL REG. <u>OCT 19 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>...</u>	
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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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. 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.