

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

35380  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9030**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5711 Clemens Ave.</b>		Length of stay in lb <b>50 yrs.</b>	STREET ADDRESS <b>5711 Clemens Ave.</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>MARGARET</b> Last <b>COLWELL</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>2,</b> Year <b>1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 8, 1882</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>school teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Pub. Schools</b>		11. BIRTHPLACE (City and state or country) <b>Berwick, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Josephus F. Colwell</b>		
14. MOTHER'S MAIDEN NAME <b>Mary E. (unk.)</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT Address <b>Mrs. Frank M. White, 5733 Clemens Ave.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <b>Coronary arteriosclerosis</b> <b>3 years</b>
					DUE TO (c) <b>Arteriosclerotic heart disease</b> <b>1 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>420-0</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1949</b> to <b>Oct. 2 1956</b> and last saw her/him alive on <b>Sept 30 56</b> Death occurred at <b>11A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Barrett L. Tausig M.D.</b> (Degree or title)			22b. ADDRESS <b>4500 Olive St</b>		22c. DATE SIGNED <b>10-2-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>10/4/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons, 6175 Delmar Bl.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>OCT 2 1956</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>

Dr. B. L. Taussig  
1127 Pine, 3rd Fl.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *29*

P. O. Address *61758*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.