

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024127
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1676

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELLISVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SUNSET SANITARIUM</u>		Length of stay in 1b <u>3 YRS 990</u>	d. STREET ADDRESS (If outside, give location) <u>1419 ANGELICA ST</u>
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>-</u> Last <u>COLLEY</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>22</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 6. 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>
13a. FATHER'S NAME <u>JOHN SEIDLER</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY LAZAR</u>	14. NAME OF HUSBAND OR WIFE <u>MALLEY COLLEY</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>637 CHAIN OF ROCKS DRIVE</u> <u>MRS EARLINE SIMPSON</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis Heart Disease</u> DUE TO (b) <u>Thrombosed arteriosclerosis</u> DUE TO (c) <u>unknown 4/200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Grand Mal Epilepsy.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
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 <u>1 Aug. 57</u> to <u>6-22-58</u> and last saw her/him alive on <u>6-22-58</u> Death occurred at <u>5 p.m.</u> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) <u>J. N. Barnett M.D.</u>		22b. ADDRESS <u>1942 Manchester St Richmond, 24, MO</u>	22c. DATE SIGNED <u>6-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JUNE 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
24. FUNERAL DIRECTOR <u>Ched Meyer & Sons</u>		ADDRESS <u>3934 N. 20 ST</u>	25. DATE RECD. BY LOCAL REG. <u>6-23-58</u>
26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Occur, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Herbert J. Gann, Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Likiep R.F.D.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.