MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-011891
STATE FILE NUMBER

AMENDED ✓ Registration District No. 317 Primary Registration District No. 500 Registrar's No. 773

FILED MAR 27 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lemay — Length of stay in 1b: MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mt. St. Rose Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Shrewsbury — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7602 Lansdowne — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Patsy (Pasquale) Middle: Last: Colonna
4. DATE OF DEATH: Month: March Day: 18 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-24-1898
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Industry
11. BIRTHPLACE (City and state or country): Cerrato Sonnito, Italy
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Colonna
13b. MOTHER'S MAIDEN NAME: Theresa Giordano
14. NAME OF HUSBAND OR WIFE: Leona Brunelli Colonna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. 1
17. INFORMANT: [redacted]. Leona Colonna Address: 7602 Lansdowne

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): amyotrophic lateral sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1959 to March 18 and last saw her/him alive on 17th 1961
Death occurred at Mt 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mathew Machek MD (Degree or title)
22b. ADDRESS: OTAKAR MACHEK, M. D. 6500 CHIPPEWA ST. LOUIS 9, MO.
22c. DATE SIGNED: 3/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 21, 1961
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: E. J. Schnur ADDRESS: 3125 Lafayette Ave.
25. DATE RECD. BY LOCAL REG.: 3-20-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Thomas R. Emerick

Signature of Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 2125 Lafayette

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.