MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7854 -61-030637 STATE FILE NUMBER

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Christian 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: Bissell Hils — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9608 Griffin Dr. 37 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marie Middle: A. Last: Colley
4. DATE OF DEATH: Month: August Day: 20 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/20/1911
9. AGE (last birthday): 50 years — 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): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Electrical Workers Union
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James A. Wilson
13b. MOTHER'S MAIDEN NAME: Nora E. Schwebel
14. NAME OF HUSBAND OR WIFE: USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
17. INFORMANT: Address: Mrs. Florence Holliday, 9608 Griffith Dr. 37

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — unknown
DUE TO (c): 416x
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 August 4, 1961, to Aug. 20, 1961 and last saw her alive on Aug. 19, 1961
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Bernbaum M.D. (Degree or title)
22b. ADDRESS: 462 N. Taylor
22c. DATE SIGNED: 8/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/24/61
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Saint Louis, Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ — ADDRESS: 4828 NATURAL BRIDGE BLVD.
25. DATE RECD. BY LOCAL REG.: AUG 23 1961
26. REGISTRAR'S SIGNATURE: Floyd Smith, M.D.

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 Robert E. Muhlemann

Signature of Student Embalmer

Licensed Embalmer No. 4916

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.