

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 919

STATE FILE NUMBER

FILED MAR 25 1963

VS 300
Rev. 4/59
4003
24003
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4 0
5 1
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94222
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1270-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD BE

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b YRS.	c. CITY OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 436 Way Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 436 Way Ave.	
3. NAME OF DECEASED (Type or print) First David Middle Davis Last Colquhoun			4. DATE OF DEATH Month March Day 15 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-12-1884	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant, Retired		10b. KIND OF BUSINESS OR INDUSTRY WILMINGTON, Delaware		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Colquhoun		13b. MOTHER'S MAIDEN NAME Mary Carr.		14. NAME OF HUSBAND OR WIFE Charlotte M. Colquhoun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Charlotte M. Colquhoun 436 Way Kirkwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) age DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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"/> 2d by me	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.	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 July 1964 to March 15, 1963 and last saw her/him alive on March 14, 1963 . Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. Swartz M.D. (Degree & title)			22b. ADDRESS 233 N. Jefferson Ave		22c. DATE SIGNED 3/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-18-1963	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis Missouri		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Lupton Chapel Inc. 7233 Delmar Blv'd.			25. DATE RECD. BY LOCAL REG. 3-16-63	26. REGISTRAR'S SIGNATURE J. M. [Signature]	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. D.S. Werth
6 Taylor Wood
until 10:30 A.M.

Taylor and Manchester
80 S. on Taylor 7 bks.
East 1 Bk.

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

Arnold W. Schoene

Licensed Embalmer No. 3864

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.