

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018864

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 18

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 23 1963

1. PLACE OF DEATH
a. COUNTY **Warren**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4407 N. 20th St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Hilda** Middle **B.** Last **Colbert** 4. DATE OF DEATH Month **April** Day **16** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-29-1888** 9. AGE (last birthday) **74** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and state or country) **Warrenton, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Bakameyer** 13b. MOTHER'S MAIDEN NAME **Ida Goodall** 14. NAME OF HUSBAND OR WIFE **Wm.C.Colbert, deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **no** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Walter Seigel** Address **4407 N. 20th St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Chr. Cardio-Vascular-Renal Dis.** INTERVAL BETWEEN ONSET AND DEATH _____
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 **12.12.62** to **4.16.63** and last saw her alive on **4.13.63**
Death occurred at **9:30** a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Walter Egermann MD** (Degree or title) 22b. ADDRESS **Warrenton Mo** 22c. DATE SIGNED **4.17.63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-18-63** 23c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 23d. LOCATION (City, town, or county) **Warrenton, Mo.**

24. FUNERAL DIRECTOR **F.W.Nieburg & Co., Warrenton, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **April 17, 1963** 26. REGISTRAR'S SIGNATURE **Floyd Logan**

USE BLACK INK OR TYPEWRITER RIBBON

