

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12358

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

File No.

Township.....

Primary Registration District No.

Registered No. **2878**

City **St. Louis** (No. **4524 W. Florissant Ave**)

Ward **17**

Ward

2. FULL NAME

(a) Residence. No. **4524 W. Florissant St.** St. **W.** Ward **17**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male white single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 7 - 1917**

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

11

3

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

school boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Robt. E. Colyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Peruville Mo.

12. MAIDEN NAME OF MOTHER

Marie Stinlage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

14.

INFORMANT

(Address)

*Robert Colyer
4524 W. Florissant Ave*

15.

FILED

*Max C. Starkoff
25 May 1929*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 3 1929**

17.

HEREBY CERTIFY, That I attended deceased from *Mar 2*, 1929, to *Mar 3*, 1929 that I last saw him alive on *Mar 3*, 1929, and that death occurred, on the date stated above, at *12:30 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. A. Whitemeyer*, M. D.

Mar 4, 1929 (Address) 1571 E. Grand Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES; state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Culinary

Mar 6, 1929

20. UNDERTAKER

ADDRESS

*Armstrong Med Co
4740 W. Florissant*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3572

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