

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

Do not use this space.

17821

1. PLACE OF DEATH

County..... Registration District No. *2013*
Township..... Primary Registration District No. *City Hospital*
City *St. Louis* (No. *2448*)

File No.
Registered No. *4775*
St. Ward

2. FULL NAME

(a) Residence, No. *3874* *W. Boston* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 4-1888*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>43</i>	<i>5</i>	<i>10</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *237*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

FATHER 13. NAME *Harry Colestock*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

MOTHER 15. MAIDEN NAME *Mary Berman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo*

17. INFORMANT (ADDRESS) *Hospital information Grace Hosp City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthew Cemetery* DATE *May 17* 19*32*

19. UNDERTAKER (ADDRESS) *Pitz Bros 3209 Lafayette*

20. FILED *MAY 16 1932* *W. H. Starker* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 11, 1932* to *May 14, 1932*
I last saw him alive on *May 14, 1932* Death is said to have occurred on the date stated above, at *8.55 PM*
The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism Date of onset *March 1932*
75B *75*

Other contributory causes of importance: *75*
Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *Carl H. Hoz*, M. D.
(Signed) *Carl H. Hoz*
(Address) *City Hospital*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Coleridge