

JUN 4 1935

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

Do not use this space.

17648

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Concordia Primary Registration District No. 4471
City Whester, Kansas (No. 566 to Garage Ave St. Ward)

2. FULL NAME

Julia Colenbrander (COLENBRANDER)

(a) Residence, No. 1957 Alfred Ave St. Louis, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crossmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 7-9-35 11. Total time (years) spent in this occupation

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

13. NAME Lassie Ann Colenbrander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Catherine Andersen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Indies

17. INFORMANT Catherine Colenbrander (ADDRESS) 1957 Alfred Ave

18. BURIAL CREMATION OR REMOVED
PLACE Valhalla Cemetery DATE 5-10-35

19. UNDERTAKER Tracyshaker Mortuaries (ADDRESS) 4338 So. Tracyshaker

20. FILED 58-125 July 8, 1935 R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933, to May 8, 1935
I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at 2:30 P. M.
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis Date of onset

Other contributory causes of importance Chronic myocarditis 1933

Name of operation none 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?
If so, specify
(Signed) Paul Vinyard, M. D.
(Address) 3718² Olive - St. Louis, Mo.

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.

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

40884

5718 Olive St.

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