

MAY 7 1936

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

Do not use this space.

791
1003

16989

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital 7) St. Ward)

File No.....
Registered No. 3740

2. FULL NAME

George C. Colville
(a) Residence, No. 3945 Alfred Ave St. 16 Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guitar
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Philadelphia, Pennsylvania

13. NAME Geor Colville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Sarah Taggart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Harriett Colville, 3945 Alfred Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 7, 1936

19. UNDERTAKER (ADDRESS) Geo. L. Plutschke Inc, 5966 Grafton Ave.

20. FILED APR 6 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of Right Hip
Septicemia
retained in fall on ice on street in front of residence
Other contributory causes of importance: Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 2/18, 1936

Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Public Place

Manner of injury Fall to street
Nature of injury Fractured Right Hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Sarah Colville M.D.
(Address) St. Louis, Mo

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.

General Secretary

Coroner