

OCT 5 1936

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

Do not use this space.

791
1003

35709

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. John Hospital) St. _____ Ward _____
Registered No. 9328

2. FULL NAME Edward Colbeck,

(a) Residence, No. 1170 Hodiamont Ave., St. 5 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Colbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1888.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 I 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tavern Owner
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) Missouri

MOTHER FATHER
13. NAME Edward A. Colbeck

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

15. MAIDEN NAME Anna Boyce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Bertha Colbeck
(ADDRESS) 1170 Hodiamont Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 11/36.

19. UNDERTAKER W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED SEP 9 1936
J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7/36. 19

22. My Physician in attendance
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 10:20 a.m.

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

Date of onset
Fractures of skull, lacerations of brain received in a head-on collision between two automobiles in St. Louis, Mo.
Other contributory causes of importance:
Deceased was a passenger in one of the automobiles.
Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept. 7, 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 Collision between two autos
Nature of injury Fractures of skull

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify.....
(Signed) W. Clark M.D.
(Address) 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.

