

DEC 3 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42891

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... ST. LOUIS (No. 6536a, CLAYTON AVE., St. Ward)

File No.
Registered No. 11452

2. FULL NAME

CHARLES L. COLBRUNN

(a) Residence, No. 6536a CLAYTON AVE., St. 4 Ward. (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 LOUISE COLBRUNN		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 19, 1865		
7. AGE YEARS 70	MONTHS 10	DAYS 29
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HABERDASHER
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWNER
	10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MO

13. NAME LEOPOLD COLBRUNN

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

15. MAIDEN NAME MARY DAVES

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

17. INFORMANT (ADDRESS) 6536a CLAYTON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE NOV. 19, 1936

19. UNDERTAKER PEETZ BROS. (ADDRESS) 3029 LA FAYETTE AVE.

20. FILED NOV 18 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 15th to Nov. 17, 1936. Last saw him alive on Nov 16, 1936. Death is said to have occurred on the date stated above, at 2³⁰ p.m.

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

Carcinoma of Winger
H. C.

Other contributory causes of importance:

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

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) W. H. White, M. D.
(Address) 2903 N. Kings Highway

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.

