DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34675

Registration District No. 791 1006

Primary Registration District No.

Registrar's No. 9213

NOV 13 1939

1. PLACE OF DEATH:
(a) County
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHRISTIAN HOSPITAL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4308 LEE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM M. COLFER 446
3. (b) If veteran, name war No
3. (c) Social Security No. 702-12-4706
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPTEMBER (Month) 12 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
46	1	15	hr. min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CAR INSPECTOR
11. Industry or business TERMINAL R.R.
12. Name MATTHEW COLFER (FATHER)
13. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name GEORGIA HAFERLE (MOTHER)
15. Birthplace PENNSYLVANIA (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Emil J Colfer
(b) Address 4515 Maryland
17. (a) CALVARY (Burial, cremation, or removal) (b) Date thereof 10 - 28 - 39 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen Kelly
(b) Address 1416 N. Taylor
19. (a) OCT 27 (Date received by local registrar) (b) J. F. Bushek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1939 hour 1 minute 4 A.M.
21. I hereby certify that I attended the deceased from Oct 14, 1939, to Oct 27, 1939, that I last saw him alive on Oct 26, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia	2 mos
Due to	
Due to Chronic Nephritis	2
Other conditions (Include pregnancy within 3 months of death) Chronic Hem. Hypert. Rid Dis. Cerebrovascular Chronic Myocard Dis - Edema Lungs Chr. Prostatitis Abd-ascites Chr. Cong. Plevisy	
Major findings Of operation: Of autopsy: Bilateral Effusion Pericardial Effusion Chronic Dilatation Heart	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert G. Warner (M. D. or other) MD
Address Gaul Brown Bldg Date signed Oct 27 39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Robt Bonnell
Paul Brown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clement McNally

Licensed Embalmer No. 3732

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.