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12-40
7-39
X23159

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1627

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home of Missouri 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yr. 3 mo.
(Specify whether

In this community Same
years, months or days)

3. (a) PRINT FULL NAME Winfield Scott Colvin

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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 Aug. 30, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	5	19	hr. min.

9. Birthplace Flora, Clay County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Colvin

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Faverty

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clara D. Rothe

(b) Address 5351 Delmar Blvd. St. Louis, Mo.

17. (a) burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) FEB 19 1941 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1712
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1941 hour 5.35 A. Minute M.

21. I hereby certify that I attended the deceased from August 29 1929 to Feb. 19 1941, that I last saw him alive on February 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Valvular Heart Disease 4 yrs.

Due to Chronic Interstitial Nephritis 2 yrs

Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Colon L. ... M. D. another
Address 508 1/2 Grand Blvd. Date signed 2-19-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Bradford A Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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, fact should be so stated above.