

FILED MAR 11 1944 84

Primary Registration District No. 100

Registrar's No. 408

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2464 Helen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Brentwood 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2464 Helen (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Andrew Colabianchi
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 19
year 1941 hour 5 A. M. minute _____ M.

4. Sex Male 5. Color or race WH 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Loretta Colabianchi 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 30 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12, 1936, to Feb 19, 1941;
that I last saw him alive on Feb 18, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Myocarditis chr. with myocardial degeneration 4 yrs.
Due to ② Bronchitis acute 7 days
③ Arteriosclerosis general
Due to ④ Aortic aneurysm 2 yrs.

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

Other conditions (Include pregnancy within 3 months of death)
Due to _____
Due to _____

10. Usual occupation Miner
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: none
Of operations _____
Of autopsy none

16. (a) Informant Luigi Colabianchi
(b) Address 8953 Loun Ave Brentwood, Ind.
17. (a) Ritual (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Central Cem.
18. (a) Signature of funeral director James N. Bopp Inc.
(b) Address 121 W. Biggs St. Kansas City
19. (a) FEB 22 1941 (b) J. R. Meyer
(Date received from chest) (Registrar's signature)

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 C. H. Bockelman (M. D. or other) W. M. D.
Address 2615 Brentwood Blvd Date signed 2/20/41

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

0060

205

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 *John M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *340 W. Adams Ave
Hickman, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8067

Registration District No. 784

Primary Registration District No. 108

Registrar's No. 408

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Andrew Colabianchi

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:

Years 64 Months 2 Days 19

If less than one day hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive and _____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with myocardial degeneration

Due to Bronchitis acute

Arteriosclerosis general

Due to aortic aneurysm of syphilitic origin

Other conditions (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 C. H. Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 5/20/41

SUPPLEMENT

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.....

Licensed Embalmer No.....

P. O. Address.....

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.