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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18899

FILED JUN 11 1941  
273

Registration District No. 273

Primary Registration District No. 608A

Registrar's No. 80

1. PLACE OF DEATH:

(a) County St. Francois Co.

(b) City or town Near Farmington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yr. 11 mo. 1 da  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary Colthar

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Mr. Mauk

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: March 31 (Month) 1850 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>14</u>	hr. _____ min.

9. Birthplace: Cain (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Major M. W. Allen

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

14. Maiden name Malinda Gregg

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

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Mo.

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

(b) Date thereof: 5-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Ill.

18. (a) Signature of funeral director Richardson Fun. Home,

(b) Address Farmington, Mo.

Also: Gubser Fun. Home, Carseyville, Ill.

19. (a) May 15 1941 (Date received local registrar)

(b) [Signature] (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 41 hour 4 minute 55 a. M.

21. I hereby certify that I attended the deceased from 9-23, 1938, to 5-15, 1941, that I last saw her alive on 5-14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Duration 12 yrs

Due to \_\_\_\_\_ 97

Due to \_\_\_\_\_

Other conditions Psychosis & Cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

699 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul Schuder (M. D. or other) \_\_\_\_\_

Address Farmington, Mo. Date signed \_\_\_\_\_

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

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**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

*Paul K. Dugal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington 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.**