

No. 2  
-1-4-41  
5-17-39  
I. X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30236  
7575

State File No.

Registrar's No.

OCT 18 1941  
791

Primary Registration District No. 1003

Registration District No.

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

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:  
Missouri Baptist  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2830 Cass  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17  
year 1941 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from  
Aug 8 1941 to Sept 17 1941  
that I last saw him alive on Sept 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Nrenia  
reflex (chronic)  
Myocardial (chronic)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration  
2 days  
6 Mo.?  
6 Mo.?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Almon B. Colmann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-10-5138

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Singles

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 13, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 3 4 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Undertaking

12. Name Almon B. Colmann

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

14. Maiden name Unk.

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

16. (a) Informant Mary Fluid

(b) Address 2830 Cass Ave.

17. (a) Cremation (b) Date thereof 9/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4254 Manchester

19. (a) SEP 19 1941 (b) J. Buebeck  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)  
23. Signature W. Antonie Hill (M. D. or other) 0  
Address 1625 Lower Spr Date signed 9/19/41

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Stormy Eymck*.....  
Licensed Embalmer No. *1284*  
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.**