

FILED NOV 4 1942
318

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 8851

1. PLACE OF DEATH: *St Louis MO*

(a) County *St Louis MO*

(b) City or town *St Louis MO*

(c) Name of hospital or institution *St Lukes Hosp. - O*
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution *3 months*
(If not in hospital or institution, write street address or location)

In this community *39 months*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *008*

(c) City or town *St Louis MO* *277*

(d) Street No. *4412 Eichelberger Ave.* *9*
(If outside city or town limits, write "RURAL")
(If rural, give location)

(e) Citizen of foreign country? *NO* (Yes or No)

If yes, name country *O*

3. (a) PRINT FULL NAME *CLARA M. COLESTOCK*

3. (b) If veteran, name war..... 3. (c) Social Security No. *493-01-2690*

4. Sex *Female* 5. Color of race *Whit* 6. (a) Single, widowed, married *1 divorced Married*

6. (b) Name of husband or wife *James Colestock* 6. (c) Age of husband or wife if alive *42* years

7. Birth date of deceased *Dec. 10 1902*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 10 14 hr. min.

9. Birthplace *St Louis MO*
(City, town, or county) (State or foreign country)

10. Usual occupation *Shoe Starker*

11. Industry or business.....

12. Name *George Spitz*

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

14. Maiden name *Frances Starker*

15. Birthplace *St Louis MO*
(City, town, or county) (State or foreign country)

16. (a) Informant *James Colestock*

(b) Address *4412 Eichelberger*

17. (a) *Burial* (b) Date thereof *10-27-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *St. Matthews Cem*

18. (a) Signature of funeral director *Wm. J. Brudick*

(b) Address *3819 S. Grand Blvd.*

19. (a) *OCT 25 1942* (b) *J. F. Brudick*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *OCT* day *24* year *1942* hour *1* minute *45* A.M.

21. I hereby certify that I attended the deceased from *Aug 6 - 17* 19*42* to *OCT - 24* 19*42* that I last saw h. ER. alive on *OCT - 24* 19*42* and that death occurred on the date and hour stated above.

Immediate cause of death *DIABETIS INSIPIDUS
9 CARCINOMA*

Due to *Primary site*
Due to *breast*

Other conditions *50*
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy *CARCINOMA*

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 *Dr. F. C. Henry* (M. D. or other) *MD*
Address *ST. LUKES HOSP* Date signed *OCT 24 1942*

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Shefford G Burnley

.....
Licensed Embalmer No. 4202

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.