

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3800**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) **Missouri** (b) County _____

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

(d) Street No. **3723 1/2 Chouteau Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Angelo Colonna**

3. (b) If veteran, name war _____

3. (c) Social Security No. **492-09-6454**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Colona**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 6, 1885**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	16	hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Wm. Colonna**

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

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Terry**

(b) Address **3736 LaSalle St.**

17. (a) **Burial** (b) Date thereof **4/26/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 S. Grand Bl.**

19. (a) **APR 24 1943** (b) **J. F. Budek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **22**
year **1943** hour **6** minute **40** P. M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of Skull. Subdural Hemorrhage of Brain when a rope broke which was pulling a post due to a 1/2 inch pipe causing the pipe to strike the deceased and knocking him off a 10 inch pipe and hit bell about 5 stories to a sub basement of the old Custom House 815 Olive St. about 9:30 am 4-22-43**

Other important facts: **(Include pregnancy within 3 months of death)**

Major findings: **Coroner State operations**

Of autopsy: **fall occurred**

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) **Accident 000**

(b) Date of occurrence **4-22-43**

(c) Where did injury occur? **St. Louis MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Thomas J. Callahan** or other) _____
Address **Deputy Coroner** Date signed **4-24-43**

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

MOTHER FATHER

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 *Wang A. Shu*.....

Licensed Embalmer No. *3722*.....

P. O. Address *412 Duane Street*.....

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.