V. S. No. 2
00M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29318

Registrar's No. 8615

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 929 MORRISON AV. (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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS 922 (If outside city or town limits, write "RURAL")

(d) Street No. 929 MORISSON AV. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LOUISE COLGAN.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, ~~married~~, ~~divorced~~ 2 WIDOW

6. (b) Name of husband or wife THOMAS COLGAN.

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

7. Birth date of deceased OCTOBER (Month) 3 (Day) 1863 (Year)

8. AGE: Years 79 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER

12. Name JOHN BUCHMUELLER.

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

14. Maiden name MARIE WEINGARDNER.

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

16. (a) Informant Mrs anna Berrigan

(b) Address 929 Morisson av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 2-1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) SEP 29 1943 (Date received by local registrar) (b) J. F. Beedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 3, 1943 to Sept 29, 1943 that I last saw he alive on Sept 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to Arterio-Sclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. Brinnel M. D. (Coroner) Date signed Sept 29/43

Address 3014 S. Jefferson

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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.