

FILED MAR 27 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 1/2 months  
life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County 000  
17  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL") 74  
(d) Street No. 1111 Louisville, Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Louise Colbrunn.

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 widow  
6. (b) Name of husband or wife Charles Colbrunn 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased March 26 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation house-wife

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

MOTHER FATHER { 12. Name Louis Weiner  
13. Birthplace Germany 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate Wolff  
15. Birthplace St. Louis, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer  
(b) Address 5800 Arsenal St.  
17. (a) Burial (b) Date thereof 3-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary C.  
18. (a) Signature of funeral director M. J. Conroy  
(b) Address 7146 W. Gen. Shuster  
19. (a) MAR 19 1944 (Date received local registrar) F. Bredick. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th;  
year 1944 hour 11:15 minute \_\_\_\_\_ P.M. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 28, 1943, to mar 17, 1944  
that I last saw him alive on March 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular disease  
Due to with auricular fibrillation and  
Due to generalized anasarca

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Thomas A. Sweetman (M. D. or other) \_\_\_\_\_  
Address 5800 Arsenal St Date signed 3/18-44

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

**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.....

*Albert G. Happe*

Licensed Embalmer No. 2971

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.**