

S. No. 2
M-8-43
7-5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22901

FILED JUL 26 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6204

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4045 Lincoln Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theresa M. Collandt

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female / race white / 5. Color or race white / 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife George Collandt 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 16th 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Michael Greene
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Mc Girk
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Collandt

(b) Address 4045 Lincoln Ave.

17. (a) burial (b) Date thereof 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 1849 1/2 N. 84th Euclid Avenue

19. (a) (Date received local registrar) (b) J. F. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 5.40 P.M. minute 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 Broncho Pneumonia
Hypertrophy & Dilatation
of Heart Nephrosclerosis
Due to with Pelvic Hemorrhage
in Cortex and Pelvis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Deputy Coroner (M.D. or other) Date signed 7-12-44

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1944

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 Eugene H. Sullivan
Licensed Embalmer No. # 2930
P. O. Address St. Louis, Missouri

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.