

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39441
Registrar's No. 3664241

Registration District No. 266 Primary Registration District No. 3664241

1. PLACE OF DEATH:
(a) County Washington
(b) City or town St. Louis
(c) Name of hospital or institution: Near Peters Mrs. St.
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hilday and C. Colver
(b) If veteran, name war —
(c) Social Security No. —

4. Sex F / 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank H. Colver
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Aug 28, 1899

8. AGE: Years 47 Months 2 Days 13
9. Birthplace St. Louis (City, town, or county) Mo. Va. (State or foreign country)

10. Usual occupation Baking
11. Industry or business Baking
12. Name R. J. J. Haldenreed
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
14. Maiden name Ernest
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank Colver
(b) Address 3679 S. Broadway, St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16, 46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Mo.
18. (a) Signature of funeral director Mrs. Luther Spradley
(b) Address Peters Mrs.
19. (a) Nov 15, 46 (Date received local registrar) (b) Mrs. G. C. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3679 S. Broadway
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 11 year 1946 hour 1:12 minute 30 A.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 Endocarditis
Due to _____
Due to infectious toxic
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy 92E

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 3
23. Signature J. R. Dempsey (Physician)
Address Peters Mrs. Date signed 10-11-46

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

MOTHER FATHER

237

DEAD

District Health Officer No. 4
District File Number 1246-2913
Date filed 12-2-46

NOV 1 1950

DEC 1 1946

DEC 4 1946

Not Embalmed.

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.....

..... Licensed Embalmer No.....

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.