S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42923

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11337

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

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ind

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5327 Daggett Ave. 9
(If rural, give location)

13

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES COLOMBO

3. (b) If veteran, name war No

3. (c) Social Security No. 498-16-2697A

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marietta Colombo

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

7. Birth date of deceased April (Month) 19 (Day) 1875 (Year)

8. AGE: Years 72 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Eugene Colombo
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Nina Torno
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Pete Colombo - Son
(b) Address 5327 Daggett Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C. Calcatura
(b) Address 5142 Daggett Ave

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1947 hour 3 A minute M.

21. I hereby certify that I attended the deceased from Oct 15, 1947 to Dec 9, 1947
that I last saw him alive on Dec 8, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of liver	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature Oliver Phil Jr. (M. D. or other)

Address 4952 Maryland Date signed 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4957 Mary Lawrence

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 Paul C. Calcatera

Licensed Embalmer No. 2376

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.