

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

10059
State File No.
2527
Registrar's No.

WRITE PLAINLY—USING UNFADING INK—MAKE 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: St. Lukes 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..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Semple Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM CHARLES COLDEWE
3. (b) If veteran, name war.....
3. (c) Social Security No. 489-03-8138

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 18 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 24 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....
12. Name William C. Coldewe
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Coldewe
(b) Address 2729 Semple Ave.
17. (a) Burial (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid Ave.
19. (a) MAR 14 1948 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 12
year 1948 hour 2:20 minute AM
21. I hereby certify that I attended the deceased from Mar. 3
1948, to Mar. 12 1948
that I last saw him alive on Mar. 11 1948
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Coronary disease
& congestive failure 2 wks
Due to.....

Due to.....
Other conditions Tbc of kidney
(Include pregnancy within 3 months of death)
Lungs not involved

Major findings:
Of operations.....
Of autopsy as above

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?..... (c) Means of injury.....
23. Signature J. J. Brudeck (M. D. or other).....
Address 3720 Washington Date signed 3-13-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

Robert L. Brinkman

Licensed Embalmer No.

3553

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.

HAROLD C. NEWMAN, M. D.
GEORGE W. ITTNER, M. D.
901 BEAUMONT MEDICAL BUILDING
ST. LOUIS, MO.

April 29, 1948

Reg # 7527
3-12-48

Dr. J. F. Bredeck,
Health Commissioner,
Dept. of Public Welfare, Div. of Health,
Municipal Courts Bldg.,
St. Louis, Mo.

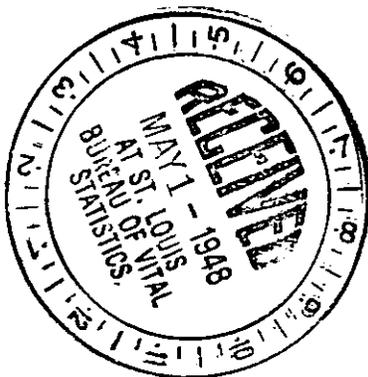
Dear Dr. Bredeck:

On April 12, 1948 I signed a death certificate for Mr. Wm. Coldewe, 2729 Semple, stating that the patient had tuberculosis of the kidneys as a contributory cause of death. Histological examination of the kidneys reported recently discloses a peculiar type of degenerative lesions. There was no evidence of tuberculosis. Will you correct your files to conform with this information?

Very truly yours,

George W. Ittner

GWI:EK



S-10059