

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2562**
659

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2308 Chippewa St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital,			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Colonius, c. (Last) Colonius,			4. DATE OF DEATH (Month) (Day) (Year) January 20, 1949		
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5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married,	8. DATE OF BIRTH May 3, 1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper,		10b. KIND OF BUSINESS OR INDUSTRY Cigar Store,		11. BIRTHPLACE (State or foreign country) Wellsville, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nicholas Colonius,	13b. MOTHER'S MAIDEN NAME Jacobina Schenk,	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Catherine Colonius, ADDRESS 2308 Chippewa St.,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia Toxic		INTERVAL BETWEEN ONSET AND DEATH 5 hr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (b) stating the underlying cause last. Cerebral Haemorrhage		
	DUE TO (b) Arterio Sclerosis,		1 day
	DUE TO (c) Osteo Porosis,		2 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Fracture 1 Year for 1.		7 mo

19a. DATE OF OPERATION 12/19/48	19b. MAJOR FINDINGS OF OPERATION Haemorrhagic infarction of brain	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July, 1948 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home
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22. I hereby certify that I attended the deceased from **Nov 29, 1948,** to **Jan 20, 1949,** that I last saw the deceased alive on **Jan 20, 1949,** and that death occurred at **1:25 Pm.,** (from the causes and on the date stated above).

23a. SIGNATURE (Degree or title) Edwin R. Kelly	23b. ADDRESS 607 No Grand	23c. DATE SIGNED 1/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	24b. DATE January 24, 1949	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, St. Louis,	24d. LOCATION (City, town, or county) (State) Missouri,
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DATE REC'D BY LOCAL REG. JAN 23 1949	REGISTRAR'S SIGNATURE J. B. Lacater	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Hand

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Lorion E. Percy

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, Mo.

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.