

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6052

318

1003

State File No. 1770

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17
d. FULL NAME OF HOSPITAL OR INSTITUTION pronounced dead at City Hospital			d. STREET ADDRESS (If rural, give location) 6136 Louisiana Ave.,		
3. NAME OF DECEASED (Type or Print) Walter Colclazier			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH Feb. 23, 1949			(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1900		9. AGE (In years last birthday) 48
IF UNDER 1 YEAR Months 3	IF UNDER 11 HRS. Hours 12	Min. _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? D	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.			
13a. FATHER'S NAME Wm. Colclazier		13b. MOTHER'S MAIDEN NAME Mary STROKER		14. NAME OF HUSBAND OR WIFE Clara Colclazier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Colclazier	
				ADDRESS 6136 Louisiana Ave.,	
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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH 6 hrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____					
DUE TO (b) _____					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 2-19, 1949 , to 2-23, 1949 ; that I last saw the deceased alive on 2/21, 1949 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. D. V. Brans (Degree or title)			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 2/24/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.
DATE REC'D BY LOCAL REG. FEB 24 1949		REGISTRAR'S SIGNATURE J. B. Lesater		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.,	

(Licensed Embalmer's Statement on Reverse Side)

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

me

Dr. Fish. no theater Bldg. Fr 5588
Thurs 2 to 5

me

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *David Van Fossan*

Signed _____
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.