

FILED MAY 23 1950

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18073

State File No. 1266

No. 34

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1266	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 2200 January	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2200 January				d. STREET ADDRESS (If rural, give location) 2200 January			
3. NAME OF DECEASED (Type or Print)		a. (First) Christina		b. (Middle) Colombo		c. (Last) Colombo	
4. DATE OF DEATH (Month) (Day) (Year) May 10 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov 24 1887		9. AGE (In years, Months, Days) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Carlo Carabelli		13b. MOTHER'S MAIDEN NAME Josephine		14. NAME OF HUSBAND OR WIFE Peter Colombo	
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. no		17. INFORMANT'S SIGNATURE OR NAME Peter Colombo		ADDRESS 2200 January	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease			
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 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) St. Louis Mo		21d. HOW DID INJURY OCCUR Heart	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 5 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Heart			
22. I hereby certify that I attended the deceased from May 9, 1950 , to May 10, 1950 , that I last saw the deceased alive on May 10, 1950 , and that death occurred at 5 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles Montani M.D.				23b. ADDRESS 5147 Daggelore		23c. DATE SIGNED 5-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 13 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis mo	
DATE REC'D BY LOCAL REG. MAY 12 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Ruf C. Calcutana		ADDRESS St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Wm Binkley*
Licensed Embalmer No. *3657*

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.