No. 300
10.48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28090

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7135

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5319 Magnolia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2139
d. STREET ADDRESS (If rural, give location): 5319 Magnolia

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Colombo

4. DATE OF DEATH (Month) (Day) (Year): Aug 21 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 24 1881
9. AGE (In years last birthday): 69 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 24 HRS.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: res
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Colombo
13b. MOTHER'S MAIDEN NAME: Archangela Mulo
14. NAME OF HUSBAND OR WIFE: Maria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Italy
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John Colombo
ADDRESS: same

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Causing Hemiplegia — 2 yrs.

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 ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HHX.

22. *I hereby certify that I attended the deceased from* 7-27, 1947, *to* 8-21, 1950, *that I last saw the deceased alive on* 8-21, 1950, *and that death occurred at* 3p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles Montani MD
23b. ADDRESS: 5147 Daggett
23c. DATE SIGNED: 8-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug 24 1950
24c. NAME OF CEMETERY OR CREMATORY: Resurrection
24d. LOCATION (City, town, or county): St Louis (State): Mo

DATE REC'D BY LOCAL REG. AUG 22 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: Jos. C. Calcaterra
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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.