

FILED MAR 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5961
Registrar's No. 1504

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 5961		Registrar's No. 1504	
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) St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) University City 4356			
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Pauls Hospt.				d. STREET ADDRESS (If rural, give location) 1301 Waldron Ave					
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) J		c. (Last) Colbeck		4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 15 1912		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric worker			10b. KIND OF BUSINESS OR INDUSTRY Building			11. BIRTHPLACE (State or foreign country) San Francisco Calif.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edward Colbeck			13b. MOTHER'S MAIDEN NAME Agnes O'Neil			14. NAME OF HUSBAND OR WIFE Frieda Colbeck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-03-2739		17. INFORMANT'S SIGNATURE OR NAME Frieda Colbeck		ADDRESS 1301 Waldron 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, bronchogenic, left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 2/13/51 7:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X					
22. I hereby certify that I attended the deceased from 8/21, 1950, to 2/13, 1951 , that I last saw the deceased alive on 2/13, 1951 , and that death occurred at 7:15 P.M. from the causes and on the date stated above.									
22a. SIGNATURE Robert Potestnick M.D. (Degree of title)				22b. ADDRESS 508 N. Grand		22c. DATE SIGNED 2/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 17 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. FEB 14 1951		REGISTRAR'S SIGNATURE J. B. Rosser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

2004

me

Dr. Robert Potashnik

Metropolitan Bldg

2 to 4

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 Alfred J. Boedeke

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 11257 Hudson

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.