

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32542**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2325**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	
c. LENGTH OF STAY (In this place) 4 YEARS		d. STREET ADDRESS (If rural, give location) 1100 Bellevue Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Colomba, Sister Mary,	b. (Middle) (Sister of St. Mary)	c. (Last) (Sister of St. Mary)	4. DATE OF DEATH (Month) (Day) (Year)
				10-2-54

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 7, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious	10b. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Heyden	13b. MOTHER'S MAIDEN NAME Marie Mueller	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 Sister of Sr Mary	ADDRESS 1100 Bellevue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure due to shock		9-26-54
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerosis & Senility DUE TO (c) Fracture of R. & L. femur, distal		9-26-54
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Hemorrhage, subcutaneous over left buttock and thigh		9-26-54	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Hospital	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Richmond Heights, St. Louis, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-26-54 ? m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR FALL Spontaneous, due to old age	9047
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22. I hereby certify that I attended the deceased from **12-23-50** to **10-2-54**, 19 **54** and last saw the deceased alive on **10-2-54**, and that death occurred at **1:45 P.m.**, from the causes and on the date stated above. **15**

23a. SIGNATURE [Signature]	23b. ADDRESS Missouri Theatre Bldg.	23c. DATE SIGNED 10-2-54
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	24b. DATE Oct 5-1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. 10/4/54	REGISTRAR'S SIGNATURE Heather R. Ambrose	GENERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 6536 Clayton Rd
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(Licensed Embalmer's Placement 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ray W. Wickerson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.