. Health,
& Welfare
. Public
h Service

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v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

STATE FILE NUMBER 10087

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2374

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hospital — Length of stay in 1b 2059	d. STREET ADDRESS (If outside, give location) 5711 Clemens Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) MISS	First ELMIRA	Middle EDNA	Last COLWELL	4. DATE OF DEATH Month March Day 8, Year 1957
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 5, 1872	9. AGE (In years last birthday) 85 — 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) Retired School Teacher	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pub. School	11. BIRTHPLACE (City and state or country) Allegheny City, Pa.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Josephus F. Colwell		14. MOTHER'S MAIDEN NAME Mary E. Griffith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Frank M. White 5733 Clemens Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis. Senile dementia — INTERVAL BETWEEN ONSET AND DEATH 8 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3.34x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to Mar 8, 1957 and last saw her alive on Mar 7, 1957

Death occurred at 12:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Barrett L. Taussig M.D.	22b. ADDRESS 4500 Olive St.	22c. DATE SIGNED Mar 9 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 11, 1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar	25. DATE RECD. BY LOCAL REG. MAR 9 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith - MD acm

(Licensed Embalmer's Statement on Reverse Side)

Dr. Taussig
L.H.I.
1127 Pine

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCullok

Licensed Embalmer No 246

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.