

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026850
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6382

| | | | | | |
|--|----------------------------------|---|--|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Maplewood 4344 | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 7312 Lyndover | |
| 3. NAME OF DECEASED (Type or print) | | First Middle Last Nettie S. Colton (also known as) Sarah N. Colton | | 4. DATE OF DEATH Month Day Year June 23, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 20, 1876 | | 9. AGE (In years last birthday) 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) Vail, Iowa | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Robert Bacchus | | 13b. MOTHER'S MAIDEN NAME Hicks | |
| 14. NAME OF HUSBAND OR WIFE Wilson Colton | | 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. 495-28-1051B | |
| 17. INFORMANT Wilson L. Colton, 7312 Lyndover | | Address | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septostatic Pneumonia DUE TO (b) Similiary Arteriosclerotic Heart Disease & Cerebral Sclerosis DUE TO (c) Cardiac myoc heart failure & hypertension | |
| INTERVAL BETWEEN ONSET AND DEATH 2 days | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0 | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis | | COUNTY STATE | |
| 21. I attended the deceased from Death occurred at 4:30 am on 5/30/58 to 6/23/58 and last saw her/him alive on 6/22/58 in on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Do not write title) Walter H. Hoppe MD | | 22b. ADDRESS 310 8 S. Grand | |
| 22c. DATE SIGNED JUN 24 58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6-26-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Garden Cem. | | 23d. LOCATION (City, town, or county) St. Louis County, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. | | 25. DATE RECD. BY LOCAL REG. JUN 24 '58 | | 26. REGISTRAR'S SIGNATURE Carl Smith MD | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *L. W. Wilkins*
Licensed Embalmer No. *3575*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.