# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021275
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1453

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

| | |
|---|---|
| 1 | 4000 |
| 2 | 215 |
| 3 | |
| 4 | 0 |
| 5 | 0 |
| 6 | |
| 7 | 0 |
| 8 | 2 |
| 9 | 5705 |
| 10 | |
| 11 | |
| 12 | 48-0 |
| 13 | |
| | 48 |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 7/2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO. — Length of stay in 1b: 29 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADMINISTRATION HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4728 RAY AVENUE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE (GOLDEN) --- Middle — Last COLYER
4. DATE OF DEATH: Month MAY Day 11, Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/9/1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY: LABOR
11. BIRTHPLACE (City and state or country): PERRYVILLE, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOHN COLYER
13b. MOTHER'S MAIDEN NAME: LAURA BREWER
14. NAME OF HUSBAND OR WIFE: AUGUSTA COLYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: MES.AUGUSTA COLYER, 4728 RAY, ST.LOUIS,MO

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): PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 1 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): BOWEL INFARCTION — 5 Wks.
DUE TO (c): INTESTINAL OBSTRUCTION, LOW

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS, ARTERIOSCLEROSIS GENERAL, DIABETIC NEURITIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 VA 4-12-62, to 5-11-62 and ~~last saw him alive on~~
Death occurred at 3:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Samuel L. Nichols M.D.
22b. ADDRESS: VA HOSP. JEFF. BRKS. MO.
22c. DATE SIGNED: 5-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 5/14/1962
23c. NAME OF CEMETERY OR CREMATORY: St. Matthew's Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: John L Ziegenhein & Sons 7027 Gravois
25. DATE RECD. BY LOCAL REG.: 5-12-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed Donald E. Berg
Signature of Student Embalmer

Licensed Embalmer No. 4863

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

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