MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21932

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6078

City Stlouis Mo (1828 a So 9th St. ..... Ward)

2. FULL NAME Virginia Lee Kollas

(a) Residence. No. 1828 a So 9th St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-5-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 7 hrs. or 15 min.
	0	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stlouis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Samuel H. Kollas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Lenora Hicklehein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stlouis
(STATE OR COUNTRY) Mo.

14. INFORMANT Samuel H Kollas
(Address) 1828 a So 9th St Stlouis Mo

15. FILED JUN -6 1928, 19.. Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-5, 1928, to 6-5, 1928, that I last saw her alive on 6-5, 1928, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature - Exhaustion

150 (duration) ..... yrs. ..... mos. ..... ds.

150 CONTRIBUTORY (SECONDARY) 161 a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) P J Heuer, M. D
6/6, 1928 (Address) Mo Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: 6-6 1928

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD