

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

Do not use this space.

15733

**1. PLACE OF DEATH**

County St. Charles  
 Township A  
 City Jefferson (No. 406)

Registration District No. 757  
 Primary Registration District No. 3036

File No. \_\_\_\_\_  
 Registered No. 95  
 St. 2 Ward)

**2. FULL NAME**

(a) Residence. No. 406 Jefferson St. 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64      —      16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Millenary  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Charles Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Herman Kolwag

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaretta Rarsen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Lena Kolwag  
 (Address) St Charles Mo.

15. FILED 4/30, 1929 by L. Blackburn  
 REGISTRAR Ear

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to April 28, 1929, that I last saw her alive on April 28, 1929, and that death occurred, on the date stated above, at 12:15 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular disease of heart  
mitral regurgitation

CONTRIBUTORY (SECONDARY) 92 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no HISTORY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
 (Signed) Will L. Freeman M. D.

April 29, 1929 (Address) St Charles Mo.

\*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 St John Cemetery DATE OF BURIAL April 29, 1929

20. UNDERTAKER Stemmer Fun. Co ADDRESS St Charles Mo.

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.

**MAY 29 1929**

63-10-10

Dr Freeman & Wilson