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.

OCT 20 1933

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

Do not use this space.

30678

1. PLACE OF DEATH

92 County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 5998 — Registered No. 160

City (No. 2 miles South of Harvester, Mo Ward)

2. FULL NAME Arnold August Kolkmeier

(a) Residence, No. 2 miles S of Harvester, Mo (R-R 2) (If nonresident, give city or town and State)
(Usual place of abode) St. Ward.

Length of residence in city or town where death occurred 23 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Aug. 7, 1910

7. AGE: YEARS 23 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Father's farm

10. Date deceased last worked at this occupation (month and year) Aug 1st

11. Total time (years) spent in this occupation 6 yrs

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

FATHER

13. NAME Aug. F. Kolkmeier

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

MOTHER

15. MAIDEN NAME Lydia Hasemeier

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

17. INFORMANT (ADDRESS) Aug. F. Kolkmeier St. Charles Co, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem DATE Sept 13, 1933

19. UNDERTAKER (ADDRESS) Steinbrinker's St. Charles Mo

20. FILED 9/12, 1933 Clarence G. Wessler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to Sept 10, 1933

I last saw him alive on Sept 9, 1933. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

83

General Paralysis of the insane (Paralytic dementia) prior to July 21 1933

Date of onset

Other contributory causes of importance: none determined

Name of operation none Date of —

What test confirmed diagnosis? Phys. Exam and history Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify none

(Signed) Will L Freeman, M. D.

(Address) St Charles Mo

3 Masonic Bldg.