NOV 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County: ..... Registration District No. 791

Township: ..... Primary Registration District No. 1003

City: St Louis Mo (No. 1418, N. Tenth St. ..... Ward)

File No. 37575

Registered No. 9546

2. FULL NAME Susan Kolb

(a) Residence, No. 1418 N. 10th St., 25 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jean L. Kolb.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 22, 1855

7. AGE: YEARS 80. MONTHS 4. DAYS 20. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER

13. NAME: Mitchell Tallent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Elizabeth Lykes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Malinda Tallent, 1418 N. 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St James Mo DATE: Nov 16, 1935

19. UNDERTAKER (ADDRESS): Edith E. Ambrister, 4234 Manchester Ave.

20. FILED NOV 14 1935 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1935, to Nov. 10th, 1935

I last saw her alive on Sept 10th, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

Myocarditis, Chr 9/10 1935 — Date of onset

Chronic Nephritis.

Senility

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Other contributory causes of importance:

Ch Nephritis.

Name of operation — Date of —

What test confirmed diagnosis? — 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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Graham, M. D.

(Address) 1502 Cass Ave. St Louis

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.

S. Wilcox 15 Tibbets