APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 13692
Township ~~Jefferson~~ — Primary Registration District No. 6248-H. — Registered No. 45
City Richmond Heights (No. New St. Mary's Hospital St. Ward)

2. FULL NAME Joseph H. Kolmer
(a) Residence, No. 1330 Hawthorne Ave. St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Fay Kolmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1894

7. AGE: 122 — YEARS 42 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vestal Chemical Co.
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) St. Louis Mo.

FATHER
13. NAME Herman Kolmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Emma Ewers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs. Fay Kolmer 1330 Hawthorne Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE 2-13 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED Feb. 11 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to Feb 10, 1937
I last saw him alive on 2-9-37, 19.... Death is said to have occurred on the date stated above, at 4:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcic Septicaemia	
Ulcerative Cystitis, Acute	
Bronchopneumonia	

Other contributory causes of importance:

1070

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

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? No
If so, specify .....
(Signed) Clarence G. Drumm, M. D.
(Address) 1927 Union

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

C. G. Drum
1927 a St Louis Ave.
10 - 13

JAN 23 1947