

MAY 7 1937

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

Do not use this space.

14609

1. PLACE OF DEATH

County.....

Registration District No.

791
1003

File No.

Township.....

Primary Registration District No.

Registered No.

City St. Louis, Mo. (No. 27.03 Arsenal St)

St.

Ward)

2. FULL NAME Albert O. Kolb.(a) Residence, No. 27.03 Arsenal St. St. 24 Ward. (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29th 1882.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
35	54	7	18	

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

Clerk.

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

Unknown

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.13. NAME Albert M. Kolb.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.15. MAIDEN NAME Mary Hueffler.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.17. INFORMANT Mary Dietz. (ADDRESS) 2703 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope Cemetary, DATE Apr. 20th 193719. UNDERTAKER Ziegenhew Bros. (ADDRESS) 2621-23 Cherokee St.20. FILED APR 19 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 193722. I HEREBY CERTIFY, That I attended deceased from 5/22 1936, to April 17 1937I last saw him alive on April 16, 1937. Death is saidto have occurred on the date stated above, at 10. AM

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

Chronic myocarditis - partial heart block Date of onset NoneOther contributory causes of importance: (associated)Chronic nephrosis (associated) urinary casts
marked edema & ascites
unknown as to stone

Name of operation..... Date of.....

What test confirmed diagnosis? PE 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) Wm J. Hanna M. D.(Address) 1040 Emmet

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

976
16
16

Ch. 765 /

or R1 7224

3806 Wilmington