

AUG - 5 1937

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

(No.

St. Anthony Hosp.

File No.

25220

Registered No.

6394

St.

Ward)

## 2. FULL NAME

J. Clarence Kolb

(a) Residence, No.

4000 McDonald

St.

16

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

Louise Kolb

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

Feb. 8, 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

40

4

23

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

Grocer-Dutcher

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

✓

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

John W. Kolb

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

Hamilton Ohio

15. MAIDEN NAME

Catherine Wagner

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

Germany

17. INFORMANT (ADDRESS)

Mrs. Louise Kolb  
4000 McDonald

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE 7-3-37 15

19. UNDERTAKER (ADDRESS)

Oscar J. Hoffmeister  
4016 Chippen

20. FILED

JUL 1 1937

J. P. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 22, 1937, to July 1, 1937

I last saw him alive on June 30, 1937 Death is said

to have occurred on the date stated above, at 12:30 m.

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

encephalitis

Date of onset 6/20/37

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Kahn 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) E. J. Brennan M. D.

(Address) 2924 Grand Ave

Registrar.

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.

11-22-635

