

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 14 1937

2

791

1008

32571

Do not use this space.

Registered No. 8625

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St Louis Mo (d) Street No. 4310 Gertrude Ave
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Josephine A Kolb
 (a) Residence, No. 4310 Gertrude Ave St. 2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard T Kolb
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
65 65 7 15
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 9 Years Ago 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
 13. NAME Louis Bayer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Anna Heffner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Theo Kolb
4310 Gertrude Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Church DATE 9 16
 19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Unt Co
4228 So Kinchhighway Blvd
 20. FILED SEP 14 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1937
 22. I HEREBY CERTIFY, that I attended deceased from Sept. 8 1937, to Sept 14 1937
 I last saw him alive on Sept. 13 1937. Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Hypertension

Name of operation Thyroid Date of 9/16/37
 What test confirmed diagnosis? Thyroid 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? No
 If so, specify Thyroid
 (Signed) W. J. Wagner M. D.
 (Address) 4738 Brown Ave.

Wagenbach

4738½

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)