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

FILED JUL 15 1940

Do not use this space.

22686

1. PLACE OF DEATH

County ST. CHARLES — Registration District No. 760 B — File No.

Township DARDENNE — Primary Registration District No. 6001 — Registered No. 113

City — (No. , St. Ward)

2. FULL NAME 40 MRS. AMELIA M. KOLB

(a) Residence, No. ROUTE 2 ST. CHARLES St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN H. KOLB

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 22 1879

7. AGE: YEARS 60 — MONTHS 9 — 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. HOUSE WORK
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) WELDON SPRINGS MO

FATHER

13. NAME LOUIS BERGFELD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME FEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) JOHN H. KOLB R2 ST. CHARLES MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE COTTLEVILLE MO DATE 6-14 1940

19. UNDERTAKER (ADDRESS) E. A. KEITHLY O'FALLON MO

20. FILED 6-22 1940 E. A. Keithly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1940, to June 12, 1940

I last saw her alive on June 11, 1940. Death is said to have occurred on the date stated above, at 5:40 p.m.

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

Carcinoma of Breast — Date of onset from History about 2 yrs

5 D

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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) I. L. Hardin, M. D.

682 (Address) St. Charles, Mo.