

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

33591

Registrar's No.

8288

Registration District No. 791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County ST. LOUIS, MISSOURI
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME KOLKHORST, BERTHA8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex B 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick Kolkhorst 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 6, 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 0 28 hr. min.9. Birthplace White Church, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Bernhardt Stein13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Amelia Welz Miller(b) Address 7414 Melrose17. (a) Cremation (b) Date thereof 10-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester19. (a) OCT 5 1940 (b) J. B. Smith
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rosebud, M
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4
year 1940 hour 5 minute 30 A. M.21. I hereby certify that I attended the deceased from 9-17-, 19 40 to 10-4-, 19 40;
that I last saw him alive on 10-4-, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral vascular accident
Bronchopneumonia
Due to Arteriosclerosis

Due to _____

Other conditions Rheumatic heart disease
(Include pregnancy within 3 months of death) SyphilisMajor findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature F. P. Bradley (M. D. optional)Address BARNES HOSPITAL Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. P. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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.)

If this body is not embalmed, above space should be left blank.