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4-12-40  
1-17-39  
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DEPARTMENT OF COMMERCE  
Bureau of Census

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26854  
Registrar's No. 6646

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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: Virmin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Hours 0  
(Specify whether  
In this community 60 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1911 a Cherokee  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME

Hulda Kolf

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female  
5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred M. Kolf

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: May 23 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
Home

11. Industry or business \_\_\_\_\_

12. Name Henry A. Lucks

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Uelrich

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred M. Kolf

(b) Address 1911 a Cherokee St., St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug. 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Bros. L & N. Co.

(b) Address 2929 So. Jefferson St. St. Louis, Mo.

19. (a) AUG 14 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th  
year 1941 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Pleural Effusion;  
Cardiac Hypertrophy,

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Thomas J. Callahan (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 8/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

000  
17  
9

000  
17  
9  
24  
0

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

*Paul A. Shanklin*

Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

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, fact should be so stated above.