

S. No. 2
DM-5-42
V. 5-17-39
X32873

32133

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 6 1942 318

1003

Registrar's No. 9072

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2931 Lempp Av. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Mo. (b) County..... 000
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 2931 Lempp Av.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME John Kolb.
 3. (b) If veteran, name war..... 770.
 3. (c) Social Security No..... 770.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 30
 year 1942 hour 1 minute 15 M.
 21. I hereby certify that I attended the deceased from Aug 18 - 1942
Oct 5 to Oct 30, 1942
 that I last saw him alive on Oct 29, 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife..... Anna Maria Kolb.
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased..... Aug. 17 1884
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach & Metastases
 Duration

8. AGE: Years Months Days If less than one day
58 2 13 hr. min.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace..... Hungary
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Tavern Proprietor

MOTHER FATHER
 11. Industry or business.....
 12. Name..... John Kolb
 13. Birthplace..... Hungary
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Anna Wilhelm
 15. Birthplace..... Hungary
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant..... Anna M. Kolb.
 (b) Address..... 2931 Lempp Av.
 17. (a) Burial (b) Date thereof..... 11-2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... N. S.S. Peter & Paul Ch.
 18. (a) Signature of funeral director..... Witt Bro. & Co.
 (b) Address..... 2929 S. Jefferson Av.
 19. (a) OCT 30 1942
 (Date received local registrar) (Registrar's signature)

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..... D. Anderson (M. D. or other) M.D.
 Address..... 3115 O. Grand Date signed..... 10/20/41

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

7 to 3 PM. *Handwritten note*

844 (Licensed Embalmer's Statement on Reverse Side)

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. Franklin

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Franklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 So. 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.