

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8899

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:
329 E. Courtois st. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
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. 329 E. Courtois st. (Courtois)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Kolp
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26
year 1942 hour 6 minute 30 a. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Emiley
(c) Age of husband or wife if alive 67 years

21. I hereby certify that I attended the deceased from Oct. 1
to Oct. 26, 1942
that I last saw him alive on Oct 10, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: November (Month) 19 (Day) 1854 (Year)
8. AGE: Years 87 Months 11 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death
Ch. Myocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer Retired

11. Industry or business _____
12. Name Jacob Kolp
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown Phillips
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Emiley Kolp
(b) Address 329 E. Courtois st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 42 (Month) (Day) (Year)

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

(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director J. F. Brueck
(b) Address 7514 S. Broadway
19. (a) Oct 27 1942 (Date received local registrar) (b) J. F. Brueck (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? _____
(Specify type of place)
While at work _____ Means of injury _____
23. Signature Charles E. Ellis (M. D. or other)
Address 7602 S. Broadway Date signed 10-26-42

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

MOTHER FATHER

Dr. Ehlers will sign

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 *Linus C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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.