S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3455

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 257

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Madison 11
(c) City or town Collinsville 0 (If outside city or town limits, write "RURAL")
(d) Street No. Extreme South Sinclair Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John G. Kolb
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 351-03-2512
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Effie Kolb
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July (Month) 29 (Day) 1887 (Year)

8. AGE: Years 55 Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Carlinville (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business
FATHER
12. Name John Kolb
13. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
MOTHER
14. Maiden name Maurice Droesser
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant Government Records,
(b) Address Vet. Adm. Facility, Jeff. Bks., Mo.
17. (a) Removal E. St. Louis (Burial, cremation, or removal) (b) Date thereof Feb 3rd 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Clair Memorial Park
18. (a) Signature of funeral director [signature]
(b) Address 2218 State Street
19. (a) FEB 11 1943 (Date received local registrar) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1943 hour 5 minute 13 P. M.
21. I hereby certify that I attended the deceased from Jan. 29, 1943 1943, to Jan. 31 1943; that I last saw him alive on January 31 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Arteriosclerotic Heart Disease, Myocardial Damage, Myocardial Insufficiency & Anginal Syndrome	about 5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major 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? (Specify type of place)
While at work [signature] Means of injury
23. Signature L. M. COCHRAN, M.D., 1 (M. D. or other)
Address Chief Medical Officer. Date signed 1/31/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1948

FEB 10 1943

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~~ me

on Feb 1st 1943 ; Registered Apprentice No. ,

working under my personal supervision.

Signed John P. Lange

Licensed Embalmer No. 2269

P. O. Address E. St Louis Ill

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.