V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19775

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6049

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: Missouri Baptist Hospital 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 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 6

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5958 A. Kennerly
(If rural, give location)

(e) Citizen of foreign country? no (Naturalized) (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Kolb

3. (b) If veteran, name war no

3. (c) Social Security No. 489-01-0457

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Caldonia Hammond Kolb

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 13th (Month) 1881 (Day) (Year)

8. AGE: Years 62 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Hotels & Clubs

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Floy E. Rudy

(b) Address 5745 Gresham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director [signature]

(b) Address 6203 Gravois Ave.

19. (a) JUL 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec. 1st, 1942 to June 30, 1943 that I last saw him alive on June 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

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? ✓
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature F. R. Davis (M. D. or other)

Address 1492 Hodiamont Date signed 7/1/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4053

P. O. Address.....

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.