

FILED APR 14 1947  
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
472I Tennessee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... ood

(c) City or town..... St. Louis 1579  
(If outside city or town limits, write "RURAL")

(d) Street No. 472I Tennessee 9  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Fred Wm. Kolkhorst

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 5 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 0 27 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day I year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Jan 11 1947 to April 9 1947 that I last saw him alive on March 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration 1 day

Due to Carcinoma of Esophagus Jan 11 1947

Due to Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Insurance Agent

11. Industry or business

MOTHER FATHER { 12. Name Aug Kolkhorst 4

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

14. Maiden name Not Known

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

16. (a) Informant Edna Kolkhorst

(b) Address 472I Tennessee

17. (a) Burial (b) Date thereof 4-5-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Scumacher Und Co.

(b) Address 3013 Meramec st.

19. (a) APR 2 1947 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

Major findings: as above H. O. **PHYSICIAN**

Of operations.....

Of autopsy as above

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..... 0

23. Signature A. J. ... (M. D. or other) 0

Address 5417 ... Date signed 4-2-47

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

Dr Rund  
5417 S Grand  
LO 5511  
11AM / PM Daily.

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**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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis

**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.**