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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15299

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3735

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: DePaul Hospital
(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 Missouri (b) County 1217

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

(d) Street No. Park Plaza Hotel-220 N 9
(If rural, give location) Kingshighway

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

If yes, name country

3. (a) PRINT FULL NAME Charles T. Kollas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Kollas

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 25, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brewery Salesman

11. Industry or business

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

MOTHER
14. Maiden name Bertha Klausmann
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Kollas
(b) Address Park Plaza Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) APR 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 24, 1947, to Death, 19__; that I last saw him alive on 4-7-, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypernephroma of lt kidney metastasis to spinal cord

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hypernephroma of lt kidney

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 [signature] (M. D. or other)

Address 817 Olive St St. Louis Date signed 4/8/47

(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 James R. Dunn, Registered Apprentice No. 403, working under my personal supervision.

Signed Harry A. Ottewell

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.