FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18293

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1311

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6201 Reichman Avenue. (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 St. Louis
(c) City or town Pine Lawn (If outside city or town limits, write "RURAL")
(d) Street No. 6201 Reichman Avenue. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie M. Kolkhorst.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Fred Kolkhorst.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 16, 1892. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	8	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Sam Capstick.
13. Birthplace Florissant, (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Fred Kolkhorst.
(b) Address 6201 Reichman Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 5-24-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MDL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th. year 1948 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from 5/1/47, 19..., to 5/22, 1948 that I last saw her alive on 5/22/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 mo
Due to: Carcinoma of R. breast	18 mo
Due to: General metastasis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 Charles Tefarris MD (M. D. or other)
Address 5298 Page Date signed 5/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. C.W.Harris.
5298a Page Avenue.
1. to 3 P.M.

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 Clement McNeary

Licensed Embalmer No. 3732

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.