FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 21582

Registrar's No. 1528

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's 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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4105 Juniata St. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME KATHERINE KOLB

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Late John W.

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

7. Birth date of deceased Jan. (Month) 15 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	3	..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business .....

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

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

16. (a) Informant Mrs. Hugo Kolb

(b) Address 4105 Juniata St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

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

(b) Address 4228 So. Kingshighway Bl.

19. (a) 6-19-48 (Date received local registrar) (b) Cecila Shorp MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 2-9-40 ....., 19....., to June 18, 1948; that I last saw her alive on 6-18-48, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	11 day
Due to generalized arteriosclerosis & chronic myocarditis	10 yrs
Due to Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations .....
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) .....

(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 Max Starkloff (M. D. or other) MD

Address 512 Dorn Pl. Date signed 6-18-48

Jefferson City Printing Co.

(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 Edwin A. M. Hermann

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.