

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14454

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 975

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. #3, Columbia Bottoms Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #3, Columbia Bottoms Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hermann</u>	b. (Middle)	c. (Last) <u>Kolb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 4, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Leopolds Hall, Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adebert M. Kolb.</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Ladewig</u>	14. NAME OF HUSBAND OR WIFE <u>Martha L.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>115-96-4197</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anton Bauer, Jr., Rt. #3, Columbia Bottoms Road.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Cerebral Paralysis)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>- 24 H</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>93017</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infantile polio age 83</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 3, 1948, to 8-28, 1949, that I last saw the deceased alive on 3/28, 1949, and that death occurred at 6 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wanda King Nurse</u>	23b. ADDRESS <u>8301 N Broadway St Louis</u>	23c. DATE SIGNED <u>3/29/49</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/31/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-30-49</u>	REGISTRAR'S SIGNATURE <u>Shirley [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 N. Grand Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
6  
0

Dr. Wm Knight, Jr.  
801 N Broadway  
3-5

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Mayfield

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3077

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.