

S. No. 300
v. 10.48

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31912

State File No.

8460

| | | | | | | | |
|---|--|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) 11 | | c. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION De Paul Hospital | | | | d. STREET ADDRESS (If rural, give location) 6300 Glenmore Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Kolkhorst | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1949 | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH Aug. 23, 1886 | |
| 9. AGE (In years last birthday) 63 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman | | 10b. KIND OF BUSINESS OR INDUSTRY Dairy | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William Kolkhorst | | 13b. MOTHER'S MAIDEN NAME Mathilda Klausmeier | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.H. Aydelotte-6300 Glenmore | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peptic ulcer DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 117th | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? none | | 5401 | |
| 22. I hereby certify that I attended the deceased from 9-29, 1949 , to Oct 1, 1949 , that I last saw the deceased alive on Sept 30, 1949 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE McStachle (Degree or title) M.D. | | | | 23b. ADDRESS 7124 Natural Bridge | | 23c. DATE SIGNED Oct 1, 49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10/4/49 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. OCT 2 1949 | | REGISTRAR'S SIGNATURE J B Leuter | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd. | | |

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

Dr. M. E. Staehle (9-1)
7124 Natural Bridge

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.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.