

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9548
Registrar's No. 71

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> <u>0923</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1008 Howell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Kolb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept 9 1876</u>			9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Shellsbury Wisc.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Andrew Kolb</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Knollhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Clark Kolb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>483-34-0793</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Kolb 1088 Howell St Charles Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		_____	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from April 2, 1952, to April 3, 1952, that I last saw the deceased alive on April 3 1952, and that death occurred 7:30 P. from the causes and on the date stated above.

23a. SIGNATURE <u>G. E. Kistler, M.D.</u>		(Degree or title)		23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>	
23c. DATE SIGNED <u>April 5, 1952</u>		24a. DEPT. OF HEALTH, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>April 8 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Iowa</u>			

DATE REC'D BY LOCAL REG. <u>4-5-52</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kirkman - Boone St Charles Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

923
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730 Penn

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 _____

Licensed Embalmer No. 3151

P. O. Address St Charles Mo.

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.