

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29689

State File No.

50 SEP 3- 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7951

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2139	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
c. LENGTH OF STAY (in this place) 365 days		d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery			
3. NAME OF DECEASED a. (First) Michael		b. (Middle) Kollmann	
c. (Last) Kollmann		4. DATE OF DEATH (Month) (Day) (Year) August 21 1952.	
5. SEX male.	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Dec. 28, 1860
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Hungary		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Michael Kollmann		13b. MOTHER'S MAIDEN NAME Anna Perrier	
14. NAME OF HUSBAND OR WIFE Anna Rauche			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME City Inf. Records.		ADDRESS 5800 Arsenal St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) with brain damage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
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? 31354x	
22. I hereby certify that I attended the deceased from August 22, 1951 , to August 21, 1952 , that I last saw the deceased alive on August 21, 1952 , and that death occurred at 3:55 A m. , from the causes and on the date stated above.			
23a. SIGNATURE Palmer Romaine Bowditch M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED Aug. 21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-23-52	24c. NAME OF CEMETERY OR CREMATORY CITY CREMATORY	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. AUG 22 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. Ryan ADDRESS 5800 Arsenal St.	

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

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.

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.