

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **11842**  
 Registrar's No. **3247**

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1328 S. Kingshighway</b>		e. STREET ADDRESS <b>2142 Nebraska</b>	<b>2179</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rudolph</b> b. (Middle) <b>L.</b> c. (Last) <b>Kolb</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3/25/53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 3, 1910</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Foreman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fouke Fur Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Kolb</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel Pomeroy</b>	14. NAME OF HUSBAND OR WIFE <b>Helen</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Kolb--2142 Nebraska Ave.</b>
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) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Occlusion</b> DUE TO (c) <b>Cerebral Sclerosis</b>  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 checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:25</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E Taylor</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>3.27.53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/27/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Wacker-Helderle</b>	
DATE REC'D BY LOCAL REG. <b>MAR 26 1953</b>		ADDRESS <b>3634 Gravois Ave.</b>	

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.....  
Signature of Student Embalmer

Signed..... *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *Waverly*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.