

FILED OCT 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 37344  
Registrar's No. 9536

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY				
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. STREET ADDRESS 4922a Hampton						
d. FULL NAME OF HOSPITAL OR INSTITUTION 4922a Hampton				d. STREET ADDRESS 4922a Hampton				2149 0				
3. NAME OF DECEASED (Type or Print) Anna			a. (First)		b. (Middle)		c. (Last) Kolb					
4. DATE OF DEATH Oct 3, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH March 16, 1876		9. AGE (In years last birthday) 77		10. MONTHS 6	11. YEARS 17	12. HOURS 17	13. MIN. 17	
5. SEX female			6. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) Buchen, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Valentine Mehler				13b. MOTHER'S MAIDEN NAME Caroline Hess				14. NAME OF HUSBAND OR WIFE Charles Kolb				
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. 492-24-4279		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J Charles Kolb 5106 Deville							
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) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma omentum</u> <u>3 months</u> DUE TO (c) <u>Carcinoma Gall Bladder</u> <u>3 months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>								
19a. DATE OF OPERATION 6/21/53		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Gall Bladder and omentum</u>						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) <u>St Louis</u> <u>13</u> <u>Mo.</u>								
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? <u>155X</u>								
22. I hereby certify that I attended the deceased from <u>6/14, 1953</u> , to <u>10/3, 1953</u> , that I last saw the deceased alive on <u>3rd Oct, 1953</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>Henry Rosenberg MD</u>						23b. ADDRESS <u>1467 Union Bl</u>			23c. DATE SIGNED <u>Oct 5 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>						
DATE REC'D BY LOCAL REG. OCT 5 1953		REGISTRAR'S SIGNATURE <u>J Charles Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein &amp; Sons 7027 Gravois</u>						

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

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

working under my personal supervision.

Student Embalmer No. ....

Signed Neville B. Frohwitter

Signed.....  
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

**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.