

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13681

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3463**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 5627 Maffitt Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Vincent b. (Middle) c. (Last) Kolkmeier		4. DATE OF DEATH (Month) (Day) (Year) 4 - 16 - 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5 - 13 - 1945
9. AGE (In years last birthday) 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
13a. FATHER'S NAME Edward Kolkmeier		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. none	
17. INFORMANT'S SIGNATURE OR NAME Edward Kolkmeier		ADDRESS 5627 Maffitt Ave.	
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) Fracture of skull; Extradural Hematoma ANTECEDENT CAUSES Morbid conditions, if any, give rise to the above cause (a) stating the underlying cause last. Head operated by one Dorothy Hoffman that left severe accident. DUE TO (g) 5626 Maffitt Ave., about	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 500 pm April 14 1954. Criminal Carcinoma	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SURVICE HOW? Criminal Carcinoma		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 6312.4			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 14 54 5:00 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? OOD		25	
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 2:07 p.m. , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Patriek C. Taylor Caroued		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED APR 17 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/54	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG APR 19 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

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.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

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