

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42224

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No.

318

Primary Registration District No.

1003

Registration No.

11300

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital		Length of stay in lb		STREET ADDRESS 5866 Rhodes		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harry Middle K Last Kolb				4. DATE OF DEATH Month Nov Day 24 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 20, 1918	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant				10b. KIND OF BUSINESS OR INDUSTRY Ludwig Music co		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Harry A Kolb				14. MOTHER'S MAIDEN NAME Helen Koester			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Dorothy Kolb 5866 Rhodes			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic carcinoma of brain</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>primary carcinoma of liver</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>1557.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i> <i>carcinoma</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1948</i> to <i>Nov 1957</i> , and last saw ^{her} _{him} alive on <i>11-18-57</i> . Death occurred at <i>11-24-57</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ramond Martin Reed</i> (Degree or title)				22b. ADDRESS <i>5203 Chippewa</i>		22c. DATE SIGNED <i>11-25-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>11/27/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>		
24. FUNERAL DIRECTOR <i>J L Ziegenhein & Sons 7027 Gravois</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 25 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Service

5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m 86

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 *Donald E. Berg*

Licensed Embalmer No. *486*

P. O. Address *7027 Sun*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.