

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016038

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4417**

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>15 HOSPITAL OR INSTITUTION Lutheran Hosp.</b>		Length of stay in lb <b>12 days</b>	d. STREET ADDRESS (If outside, give location) <b>161 3626 Wyoming</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Minnie</b>		First Middle Last <b>Kollas</b>	4. DATE OF DEATH Month <b>4</b> Day <b>21</b> Year <b>58</b>	
5. SEX <b>FM</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11/9/1873</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or given if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>84</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>
13a. FATHER'S NAME <b>Rudolph Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary von Richtre</b>	14. NAME OF HUSBAND OR WIFE <b>Fred (deceased)</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>none</b>	17. INFORMANT Address <b>Wm Brinkop 6601 Leona</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>USA</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Rudolph Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary von Richtre</b>		14. NAME OF HUSBAND OR WIFE <b>Fred (deceased)</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>none</b>	17. INFORMANT Address <b>Wm Brinkop 6601 Leona</b>	
--	--	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>hypertension</b>		
	DUE TO (c) <b>Chronic Myocarditis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	---

20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>3/25/58</b> to <b>4/21/58</b> and last saw her alive on <b>4/21/58</b> <b>4 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>Otto C. Hansen MA</b>	22b. ADDRESS <b>3012 Lafayette</b>	22c. DATE SIGNED <b>4/22/58</b>
--	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>4/23/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mauseleum</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <b>Schumacher Inc. 3013 Meramec</b>	25. DATE RECD. BY LOCAL REG. <b>APR 23 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b> <b>m 83</b>
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

2012 Sep. 2102

x	St. Louis	x	St. Louis
x	3026 Wyoming	15 days	Lutheran Hosp.
28	4 21 1873	x	11/19/1873
	USA		Mo. St. Louis
	Fred (deceased)		Mary von Richtre
	601 Leona		none

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 *Jack Haupt* ..... Licensed Embalmer No. *4746* ..... P. O. Address *St. Louis* .....

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.