URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009389

STATE FILE NUMBER

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 607

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winchester — Length of stay in 1b: 1 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Glencoe — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Eatherton Rd. — Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: W. Last: Kolb

4. DATE OF DEATH Month: Feb Day: 22 Year: 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-14-76
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail poultry
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and state or country): California, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jacob Kolb
13b. MOTHER'S MAIDEN NAME: Mary Rohrbach
14. NAME OF HUSBAND OR WIFE: Mary Kolb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: Edna Mae Kolb — Address: Glencoe, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fulminating Streptococcic Pannitis — 2 weeks
DUE TO (c): Dental Caries and Gingivitis — Many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan. 21st, 1959, to Feb. 18, '60 and last saw her/him alive on Feb. 18, 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Laffey, R.C.
22b. ADDRESS: Box 122, Manchester, Mo.
22c. DATE SIGNED: 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-24-60
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood Missouri

24. FUNERAL DIRECTOR ADDRESS: Schrader Funeral Home Ballwin Mo.
25. DATE RECD. BY LOCAL REG.: 2-23-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard Bopp
Signature of Student Embalmer

Licensed Embalmer ~~No.~~ 4584

P. O. Address Baldwin, M

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