

318

1003

8887

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	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) HOSPITAL OR INSTITUTION <b>6518 Fyler Ave</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6518 Fyler Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>L</b> Last <b>Kollmeyer</b>			4. DATE OF DEATH Month <b>9</b> Day <b>23</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</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>Oct 31 1872</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>printer pressman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Buxton-Skinner</b>	11. BIRTHPLACE (City and state or country) <b>St Louis</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Louis Kollmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Behr</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Kollmeyer (decd)</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>			17. INFORMANT Address <b>Mr. A. O. Paust 6815 Fyler Ave. St. Louis</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>Carcinoma of the Ascending Colon</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo?</b>
DUE TO (b) <b>Metastatic Carcinomatosis</b>					<b>3 Mo</b>
DUE TO (c) <b>153.0</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>UREMIA WITH PNEUMONIA</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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"/>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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 <b>1955</b> to <b>9-23-61</b> and last saw him alive on <b>9-21-61</b> Death occurred at <b>3:50 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>ag Steiner MD</b>			22b. ADDRESS <b>3720 Washington Ave</b>		22c. DATE SIGNED <b>9/24/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-26-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset</b>		23d. LOCATION (city, town, or county) <b>St Louis County Mo</b>	
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b>			25. DATE RECD. BY LOCAL REG. <b>SEP 25 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Bill E. Dranson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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.