

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33010

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 1008  
(b) Township..... Primary Registration District No. 5178  
(c) City ST. LOUIS MO. (d) Street No. PAGE AV. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 5178 PAGE AV. St. 5 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANN KOHL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 2-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
45 - 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NIGHT WATCHMAN.  
9. Industry or business in which work was done, as saw mill, bank, etc. PAUL BROWN BLDG.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

13. NAME CHARLES KOHL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW JERSEY

15. MAIDEN NAME TENA KOHL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK.

17. INFORMANT (ADDRESS) ANN KOHL 5178 PAGE AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE SEPT 29 1937

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schmitt 3125 Lafayette Av.

20. FILED SEP 28 1937 1937 J. Bredeck Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 26 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:  
Chronic Aortitis; Cause unknown  
Chronic Endocarditis.

Other contributory causes of importance: 92a

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Joseph M. Zimmert, M.D.  
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, James G. Sullivan, Licensed Embalmer No. 2260

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by Joseph Vollme, Registered Apprentice No. ....  
working under my personal supervision

Signed James G. Sullivan

Licensed Embalmer No. 2260

**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.)**