

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.

OCT 18 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
 Township \_\_\_\_\_  
 City St. Joseph (No. \_\_\_\_\_)

Registration District No. 85  
 Primary Registration District No. 1001  
1115 South 15th.

File No. 31738  
 Registered No. 942  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jacob J. Kohler

(a) Residence, No. 1115 S. 15th. St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)  
 Length of residence in city or town where death occurred 28 yrs. - mos. - ds. How long in U. S., if of foreign birth 80 yrs. - mos. - ds.  
 (If nonresident, give city or town and State)

**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 Anna Kohler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st. 1879.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>59</u>	<u>4</u>	<u>10</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goetz Brewery

10. Date deceased last worked at this occupation (month, day, and year) Aug. 1938 and 11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Adelert Kohler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Katherine Fister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Francis Kohler  
 (ADDRESS) 1115 S. 15th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem. DATE Sep. 18th. 1938

19. UNDERTAKER H.O. Sidenfaden and Son  
 (ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED Sept 13 1938 J. J. Heath  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Sept 11, 1938  
 I last saw him alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
 Date of onset: unknown

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis: chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Mustard K. Lee, M. D.  
 (Address) King Beag

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258,  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by My-self  
or by XXXXXXXXXXXX, Registered Apprentice No. XXXX

(Signed) Elbert E. Harrington  
Licensed Embalmer No. 3258

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)