

AN 23 1939 FEB 7 1939

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

3948
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 201
 (c) City Jefferson Barracks (d) Street No. Veterans Facility 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 4 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter KOHLER

(a) Residence, No. Soldiers Home, St. James, Mo. St. (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 Mrs. Fredericka Kohler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Blacksmith's Helper
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Trenton, Missouri

FATHER 13. NAME William Kohler
 14. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Guesler
 16. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Germany

17. INFORMANT Clinical Black Unit, Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Jan. 23 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U.S.L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED JAN 23 1939 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20 1939

22. I HEREBY CERTIFY, That I attended deceased from January 19 1939 to January 20 1939

I last saw him alive on January 20 1939 Death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset Unkn.

Other contributory causes of importance:

Anemia, severe.

Unkn.

Cellulitis, right axilla.

6 wks ago

Name of operation None Date of -
 What test confirmed diagnosis? Phys. Clinical manif. and lab. Was there an autopsy? NO

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 -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Clinical
 (Signed) C. W. HUGHES, Chief Med. Officer M. D.
 (Address) VAE., Jefferson Barracks, Mo.

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.

9/6

59'

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.