

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 1-13-31

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.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20446

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 5290

1. PLACE OF DEATH: 1003

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME 400 Arthur Kohl

3. (b) If veteran, name war nil  
3. (c) Social Security No. 492-09-0490

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret (c) Age of husband or wife if alive 31 years

7. Birth date of deceased August 29 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 9 13 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Casket Worker

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Philip Kohl  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Anna Thomas  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature Margaret Kohl  
(b) Address 2206 Indiana Ave.

17. (a) Burial (b) Date thereof 6-15-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Marcus

18. (a) Signature of funeral director Paul Maydell  
(b) Address 1926 Allen Ave.

19. (a) JUN 13 1939 (b) \_\_\_\_\_  
(Date received local registrar) (City or town)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL") 23  
(d) Street No. 2206 INDIANA  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATE  
20. DATE OF DEATH: Month JUNE day 12  
year 1939 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Decubiti Duration \_\_\_\_\_  
parvus

Due to her

Due to 13

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 4

23. Signature Joseph M. Quinn (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 6/11/39

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.....

*A. H. Janakij*....., Registered Apprentice No. *198*  
working under my personal supervision.

Signed *Wm C. Boydell*

Licensed Embalmer No. *1467*

P. O. Address *1926 Allen*

**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.**