DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40809

Registration District No. 78 DEC 20 1939

Primary Registration District No. 200

Registrar's No. 2167

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town NORMANDY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7400 West on Public Service Right-way (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 6236 GROVE AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MATHEW KOHRING 652

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAR (Month) 9 (Day) 1901 (Year)

8. AGE: Years 38 Months 8 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Unemployed 0

11. Industry or business — 6

FATHER
12. Name JOHN F. KOHRING
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ANNA BRETZ
15. Birthplace — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Oliver Kohring

(b) Address 4985 Quincy St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-11-1939 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6127 Natural Bridge Rd

19. (a) DEC 10 1939 (Date received local registrar) (b) [illegible] (Registrar's signature) 707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Feb 09 year 1939 hour 8 minute — a M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Struck by a street car while a pedestrian on a private street	12/8/39
Due to Car rightaway	
Due to Crushing injury of the face & fracture of the Skull	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 8, 1939

(c) Where did injury occur? Normandy (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street car rightaway (Specify type of place)

While at work? no (e) Means of injury Street car accident

23. Signature John P. Connell (M. D. or other)

Address Coroner of St. Louis County Date signed 12/9/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Guy W. Wilkerson

Licensed Embalmer No. 3575

P. O. Address.....

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

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