C 14 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 8 JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44634

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2203

1. PLACE OF DEATH:
(a) County SAINT LOUIS 3
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 3 mo. 17 Days (Specify whether years, months or days)
In this community 1 yr 3 mo. 17 days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State MISSOURI (b) County SAINT LOUIS
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE A. KOHL
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 widowed
6. (b) Name of husband or wife Minnie Luecke
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased August (Month) 31 (Day) 1858 (Year)

8. AGE: Years 81 Months 3 Days 3 If less than one day 3 hr. min.

9. Birthplace Unkn. (City, town, or county) (State or foreign country)
10. Usual occupation Butcher
11. Industry or business Butcher - meat - cutter
FATHER
12. Name Unkn 9
13. Birthplace Unkn (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unkn
15. Birthplace Unkn (City, town, or county) 9 (State or foreign country)
16. (a) Informant's own signature Dorothea M. Schupmann Sec
(b) Address Manchester, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-4-39 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director W. Richter X.L.
(b) Address 3520 Rutgers
19. (a) DEC 14 1939 (Date received local registrar) (Registrar's signature) B.C.
709

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1939 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from June 18th, 1939, to Dec 2nd, 1939 that I last saw him alive on Dec. 2nd, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to 93c	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Jansen (M. D. ~~or other~~) 1
Address Manchester, Mo. Date signed 12/4/39

B.C.

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 8-17-39 1 X19511

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.