No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30847
8124

Registration District No. 791 FILED OCT 25 1940

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5238 Murdoch Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 14
(If outside city or town limits write "RURAL")
0

(d) Street No. 5238 Murdoch Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Julius F Kohl

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida A Kohl

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Mar (Month) 20 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill (State or foreign country)

10. Usual occupation Organist

11. Industry or business Retired

FATHER
12. Name Juluis Kohl Sr
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown Berghoff
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Paul A Kohl
(b) Address 5238 Murdoch Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellevile Ill Green Mount Cemetery Ill.

18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So. Kinghighway Blvd

19. (a) SEP 30 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28 year 1940 hour 10.50 minute PM M.

21. I hereby certify that I attended the deceased from Feb. 24, 1936, to Sept. 28, 1940; that I last saw him alive on Sept. 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic	2 yrs.
Due to: Hypertensive vascular	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Nephritis, sub-acute	2 mos.
Caused by Hypertension	

Major findings:
Of operations
Of autopsy

93C

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 A. H. Cleveland (M. D. or other)
Address 3326 Missouri St Date signed 9-30-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. H. Cleveland
1-3
3326 Meramec

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 Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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