

No. 2
4-13-40
5-17-39
X23156
NOV 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33537**
Registrar's No. **8234**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(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: **4272 Kossuth Ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Harry R. Kohlhauff**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **491-12-9388**

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

6. (b) Name of husband or wife **Magdalena** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **May 2, 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **4** Days **30** If less than one day
hr. min.

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

10. Usual occupation **Unemployed at present**

11. Industry or business _____

12. Name **William Kohlhauff**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Magdalena E. Kohlhauff**
(b) Address **4272 Kossuth**

17. (a) **Burial** (b) Date thereof **10/5/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Wacker-Heldlerle**
(b) Address **2331 S. Broadway**

19. (a) **OCT 2 1940** (b) **J.F. Bridgish**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4272 Kossuth**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1**
year **1940** hour **7** minute **30** p.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 **Gunshot wound of head self inflicted at his home 4272 Kossuth Ave. Oct. 1st, 1940, about 7:04 P.M.**
Due to _____

Due to _____
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.

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

(a) Accident, suicide or homicide (specify) **Suicide**
(b) Date of occurrence **Oct 1st 1940**
(c) Where did injury occur? **St. Louis Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place) (e) Means of injury _____

While at work? _____
23. Signature **Dr. M. Quinn** (M.D. or other)
Address **Deputy Coroner** Date signed **10/3/40**

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.