

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 763

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8909 Valcour
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 years
years, months or days

3. (a) PRINT FULL NAME Fred H. Kohlmann

3. (b) If veteran, name war --- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 1 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 6 If less than one day
hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Unknown 13. Birthplace Unknown
(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 Ernestine Southworth
(b) Address 8909 Valcour

17. (a) Burial (b) Date thereof 4/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Heffale
(b) Address 2639 1/2 S. Broadway

19. (a) APR (b) 4 R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8909 Valcour
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1
1939 to April 7, 1941
that I last saw him alive on April 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic arteriosclerosis
Chronic myocarditis
Due to Coronary Thrombosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d.
Of autopsy _____

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 _____
23. Signature Adam G. Youngman (M. D. or other)
Address 1439 Grandis Date signed 4/8/41

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

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..... *Frank J. Hyland.*

Licensed Embalmer No. *2645*

P. O. Address..... *St Louis Mo*

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.