

No. 2  
1-4-41  
17-39  
X28390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18928**  
Registrar's No. **1012**

Registration District No. **784** Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 days**  
In this community **8 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8657 Argyle Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**  
year **1941** hour **4** minute **:00P.** M.  
21. I hereby certify that I attended the deceased from **5-1-41**  
19\_\_ to **5-10-41**, 19\_\_;  
that I last saw **her** alive on **5-10-41**, 19\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pos. coronary thrombosis**  
Duration **five minutes**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **AVITAMINOSIS**  
**marked avitaminosis 2-3 months**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **71**  
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? \_\_\_\_\_ (r) Means of injury \_\_\_\_\_

23. Signature **Lee Hall** (M. D. or other) **0**  
Address **St. Louis Co. Hosp.** Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Kohring**  
3. (b) If veteran, name war **unknown**  
3. (c) Social Security No. **unknown**

4. Sex **female** 5. Color or race **white** 5. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Fred Kohring** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 9 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>7</b>	<b>1</b>	hr. _____ min.

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

10. Usual occupation **nil.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Bernard Brinkman**  
13. Birthplace **unknown Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Unknown**  
15. Birthplace **unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Lee Decker**  
(b) Address **1500 Collins ave**

17. (a) **Burial** (b) Date thereof **May 15 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St Peter Cemetery**

18. (a) Signature of funeral director **J. J. Schreiber**  
(b) Address **2623 Schreiber St**

19. (a) **MAY 13 1941** (b) **A. R. Meyer**  
(Date received local registrar) (Registrar's signature)

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.....

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.**