

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23631

State File No. _____

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5973

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2407a S. 13th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN BOHUMIL KOHOUT

3. (b) If veteran, name war no

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 Frances Kohout

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased About 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>About 75</u>	<u>Unknown</u>		<u>hr. min.</u>

9. Birthplace Bohemia X
(City, town, or county) (State or foreign country)

10. Usual occupation Millworker

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Kohout

13. Birthplace Bohemia X
(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 Frances Kohout

(b) Address 2407a S. 13th St.

17. (a) Burial (b) Date thereof July 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director M. M. Rail

(b) Address 1926 Allen Ave.

19. (a) JUL 22 1941 (b) [Signature]
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1941 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1941, to July 20, 1941; that I last saw him alive on July 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thromboses

Due to _____

Due to _____

Other conditions [Handwritten notes]
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: [Handwritten notes]
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature M. M. Rail (M. D. or other) _____

Address 1515 Lafayette Ave. S. Date signed 7/20/41

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 *Berj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address. *1926 Allen*

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.