No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33606

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8564

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3832 Penrose St.
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 1017

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

(d) Street No. 3832 Penrose St. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Divers.

3. (b) If veteran, name war No

3. (c) Social Security No. None.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced M. O

6. (b) Name of husband or wife Ralph.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct (Month) 15 (Day) 1895 (Year)

8. AGE: Years 46. Months 0 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home.

11. Industry or business

FATHER
12. Name Henry Kohring
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Divers
(b) Address 3832 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns.

18. (a) Signature of funeral director Benjamin Weber Funeral Home
(b) Address 1936 S. Kingshighway

19. (a) OCT 29 1941 (Date received local registrar) (b) J. F. Bulleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1941 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Oct 27th, 1941; that I last saw him alive on Oct 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis with edema	1 yr.
Due to: Chr. Hypertension	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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) No
(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 F. J. Kreider (M. D. or other)
Address 411 Jno. W. Thriasnet Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

126 2- 6 [illegible]

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 Dale Harness, Registered Apprentice No. 293 working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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

If this body is not embalmed, fact should be so stated above.