

Filed Feb 24 1942

Registration District No. 791

Primary Registration District No. 1003

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:  
2847 Minnesota  
(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)

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. 7916 Wolz  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Kohler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 14 1852  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>89</u>	<u>1</u>	<u>5</u>		

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

10. Usual occupation at home

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

MOTHER FATHER { 12. Name Val Schindler  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Katherine Art  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Klein  
 (b) Address 2847 Minnesota  
 17. (a) Burial (b) Date thereof 1-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director John J. Ziegenhain & Sons  
 (b) Address 7027 Gravois Ave.  
 19. (a) JAN 20 1942 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19  
 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-10-42  
 \_\_\_\_\_, 19\_\_\_\_ to 1-19 1942  
 that I last saw her alive on 1-19 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to arterio sclerosis

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
 (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)  
 (2) Means of injury \_\_\_\_\_  
 23. Signature H. Schumacher (M. D. or other) \_\_\_\_\_  
 Address 6811 Gravois Date signed 1-20-42

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

19  
9

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**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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

**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.**